BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
Wednesday 10 September 2025 at 11.00am in Room 5A/B, Education Centre, Mile End Hospital, Bancroft Road, Mile End E1 4DG

Scheduled to end by 13.30

AGENDA

Please note that this is a Trust Board meeting held in public. In accordance with the Trust's Standing Orders, no filming or recording of the meeting is permitted. There will be an opportunity for questions and comments from members of the public at the end of the meeting.

		Paper TB	Lead	Time
1.	**WELCOME**		Prof Ian Jacobs	11.00
2.	**APOLOGIES FOR ABSENCE**: Ms H Spice, Ms J Nelson-Ferns, Prof C Knight, Mr S Ashton			
3.	**DECLARATION OF INTERESTS** To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting including gifts and hospitality (accepted or refused)			
4.	**MINUTES** To approve the Minutes of the meeting held on 9 July 2025	64/25	Prof Ian Jacobs	
5.	**MATTERS ARISING** To consider any matters arising from the Minutes not covered elsewhere on the agenda		Prof Ian Jacobs	
6.	**STAFF STORY** To hear a staff story		Ms Rachael Corser	11.05
7.	**CHAIR'S REPORT** To receive the Chair's report		Prof Ian Jacobs	11.20
8.	**CHIEF EXECUTIVE'S REPORT** To receive the Chief Executive's report		Mr Shane DeGaris	11.25

9.	**WORKING IN PARTNERSHIP** To receive an APC update	65/25	Ms Ann Hepworth	11.30
QUALITY AND PERFORMANCE				
10.	**REPORTS FROM BOARD COMMITTEES** 11.1 Finance Investment and Performance Committee 11.2 Nomination and Remuneration Committee	66/25 67/25	Mr Adam Sharples Prof Ian Jacobs	11.40
11.	**INTEGRATED PERFORMANCE REPORT – 2025/26 M4** To discuss the IPR (and related assurance committee exception reports): ○ *Quality and Safety* ○ *Operational performance* ○ *Equity* ○ *Finance* ○ *Workforce*	68/25	Prof Sanjiv Sharma / Ms Rachael Corser Ms Rebecca Carlton Mr Ajit Abraham Mr Hardev Virdee Mr Daniel Waldron	11.50
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
12.	**PEOPLE STRATEGY IMPLEMENTATION** To receive an update on inclusion and WRES/WDES/Pay Gap yearly reports	69/25	Mr Daniel Waldron	12.20
13.	**10 YEAR PLAN** To discuss the NHS 10 Year Plan	Oral	Ms Ann Hepworth	12.30
GOVERNANCE				
14.	**YEARLY REPORTS** 15.1 Overseas Visitors 15.2 Research and Development 15.3 Organ Donor Committee 15.4 Learning from Deaths / Mortality	70/25 71/25 72/25 73/25	Mr Ajit Abraham Prof Sanjiv Sharma Prof Sanjiv Sharma Prof Sanjiv Sharma	12.45
15.	**GREEN OVERSIGHT PLAN** To approve the Green Oversight Plan	74/25	Ms Ann Hepworth	13:00

16.	**ANY OTHER BUSINESS**			13:10
17.	**QUESTIONS FROM MEMBERS OF THE PUBLIC**			13.15

18.	**DATE OF THE NEXT MEETING** The next meeting of the Trust Board in public will be held on Wednesday 5 November 2025 at 11.00 in the Main Lecture Theatre, Zone 2 Education Centre, Newham University Hospital, Glen Road, Plaistow			
19.	**RESOLUTION** That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).			

TB 64/25

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on
Wednesday 9 July 2025 at 11.00am in Rooms 129/130, Wolfson Institute,
Charterhouse Square, London, EC1M 6BQ

Present:
Professor Ian Jacobs (Chair)
Mr Adam Sharples (Vice Chair)
Mr Shane DeGaris (Chief Executive)
Professor Hilary Thomas (Non-Executive Director)
Professor Sanjiv Sharma (Chief Medical Officer)
Mr Andrew Hines (Director of Group Development) *
Ms Caroline Alexander (Chief Nurse)
Mr Hardev Virdee (Chief Finance Officer)
Ms Rebecca Carlton (Chief Operating Officer) *
Mr Daniel Waldron (Director of People) *
Ms Ann Hepworth (Director of Strategy and Partnerships) *
Dr Ajit Abraham (Director of Inclusion and Equity) *
Dr Neil Ashman (Chief Executive, Royal London and Mile End Hospitals)*
Dr Amanjit Jhund (Chief Executive, Whipps Cross Hospital) *
Professor Sir Mark Caulfield (Non-Executive Director)
Ms Lesley Seary (Non-Executive Director)
Ms Helen Spice (Non-Executive Director)
Ms Joni Nelson-Ferns (Non-Executive Director)
Ms Sarah Teather (Associate Non-Executive Director) *
Mr Clyde Williams (Associate Non-Executive Director) *

In Attendance:
Mr Sean Collins (Trust Secretary)
Mr Justin Creigh (Deputy CEO, St Bartholomew's Hospital)
Mr John Middleton (Deputy CEO, Newham University Hospital)
Mr Jon Hibbs (Director of Communications)

Apologies:
Ms Kim Kinnaird (Non-Executive Director)
Mr Simon Ashton (Chief Executive, Newham University Hospital) *
Professor Charles Knight (Chief Executive, St Bartholomew's Hospital) *
Mr Siva Anandaciva (NExT Director) *

* *Non-voting member*

56/25 WELCOME

The Chair welcomed Board members, staff and members of the public to the meeting.

57/25 DECLARATION OF INTERESTS

Attendees were reminded of the need to declare any interests they may have in connection with the agenda or interests acquired since the previous meeting, including gifts and hospitality (accepted or refused).

No declarations were made.

58/25 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Trust Board held in public on 7 May 2025 were received and approved.

59/24 MATTERS ARISING

There were no matters arising.

60/25 PATIENT STORY

The Chief Nurse welcomed Lilia, a former NHS employee who had received a stage 4 kidney cancer diagnosis, and was attending to share insights into her treatment journey at St Bartholomew's Hospital (SBH). Lilia's prior experience in optometry and dentistry gave her a unique perspective on system navigation. Among the challenges faced by Lilia, delays to the initiation of her treatment initiation resulted in a gap between diagnosis and the start of treatment. This concern had been exacerbated by complications in securing referral from her local hospital to St Bartholomew's Hospital. Lilia's concerns extended to severe anxiety and panic attacks, requiring an emergency department visit in Barcelona and a subsequent hospitalisation in the UK. Lilia noted that she had struggled to find adequate mental health support initially, while eventually finding help through Macmillan Cancer Support. She highlighted the importance of accessible information on self-management strategies; this had been important reassurance during her deterioration and ongoing pain. She reported that a missed pre-surgery test had further delayed intervention, while administrative issues had arisen during her booking of chemotherapy sessions.

Lilia highlighted the challenges that patients (including those less familiar with the NHS) faced in navigating complex treatment pathways associated with cancers. She emphasised her satisfaction with the nursing support provided once she was properly 'in the system' and that positive reassurances from the medical team had alleviated stress and anxiety. Lilia

took the opportunity to advocate for a more holistic approach to cancer care, recognising that in her case it had been clear that mental well-being, managing side effects of treatment, and a focus on supporting health and fitness steps were important dimensions to her recovery. overall quality of life. She noted that a range of teams had been involved in her care including pain management, gastroenterology procedures, nutritional guidance and psychological support. Lilia had been particularly impressed by the involvement of researchers, which had positively influenced her perspective on living with the illness.

Ms Spice noted some delays had occurred during her treatment and recognised a theme of requiring a holistic approach to cancer pathways. The hospital's lead nurse for oncology highlighted that one issue delaying treatment resulted from blood tests indicating a condition excluding her from safely participating in a trial. The director of nursing agreed that this story had underlined the critical nature of a holistic approach and Lilia's experiences had highlighted some opportunities to improve aspects such as health assessments and early involvement of physiotherapy services

Ms Spice agreed with Lilia's observations regarding the need to adopt a holistic approach to addressing patient needs beyond a specific acute condition. The hospital's director of nursing felt that this had been a primary lesson from Lilia's account; he noted, for example, that metrics may not always capture the implications of delays in treatment for patients' mental health. The team had subsequently explored opportunities to improve treatment initiation and enhance health assessments, with a view to integrate services like physiotherapy into earlier stages of the patient journey.

61/25 CHAIR'S REPORT

The Chair took the opportunity to express his gratitude to the Chief Nurse for her dedication and long service in the NHS, noting that this would be her last Trust Board meeting before her retirement. It was confirmed that her successor, Rachael Corser, was due to take up post shortly and would attend the next Trust Board meeting.

The Chair also confirmed the departure of the Director of Group Development, noting that he would be leaving to take up the prestigious position of Chief Executive Officer at Surrey and Sussex Healthcare NHS Trust. On behalf of the Trust Board, he thanked him for his service and wished him every success in his new role. It was confirmed that his portfolio of responsibilities would be redistributed across the Trust's executive leadership team.

Reflecting on his first four months in the role, the Chair highlighted the quality of care, commitment to innovation, and the conscientiousness and

enthusiasm of staff across the Trust that he had witnessed. The recent launch of the national NHS 10 Year Plan would create new opportunities (and challenges) for the Trust. The Chair reported on the establishment and inaugural meeting of a new Trust Board committee (Strategy and Partnerships Committee) chaired by Sarah Teather. The committee's remit was to provide advice, guidance and recommendations to the Trust Board on emerging strategic matters, supporting the executive in refining, implementing, and evaluating strategies and new initiatives.

62/25 GROUP CHIEF EXECUTIVE'S REPORT

The Chief Executive proudly confirmed a quartet of awards received by Trust staff. These included a gold Chief Nursing Officer (CNO) award presented to the Deputy Associate Director of The Royal London Hospital, alongside three silver CNO awards. Separately, the Health Service Journal (HSJ) had nominated two Trust employees as finalists in their prestigious awards programme. These accolades indicated a bright future ahead for clinical developments across the organisation.

The Chief Executive confirmed the publication of a new NHS oversight framework in June. This framework aimed to facilitate performance comparisons and would lead to the future publication of league tables.

The Chief Executive ended by noting that the Trust had marked the 20th anniversary of the 7 July 2005 London bombings, holding several well-attended services on the day.

63/25 WORKING IN PARTNERSHIP

The Director of Strategy and Partnerships provided the Board with an update on the progress of place-based work, highlighting previous successful initiatives through a dedicated spotlight in the report. The Board noted the proactive steps being taken to support neighbourhood health, a focal point of the new NHS 10 Year Plan. This approach would facilitate the shift towards enhanced community care and a transition from work being done by the Integrated Care Board (ICB) to place-based settings. Extensive integration efforts were underway across the health system, directly driven by the launch of the NHS 10 Year Plan. The overarching aim of these initiatives was to reshape models of care and address the evolving health needs of the growing population. The neighbourhood health model included a facilitating integrator role for one of the participating organisations.

Ms Teather requested further details on practical measures to redeploy care provision from hospitals to community settings. The Director of Strategy and Partnerships suggested that there was a need for scenario planning over 1-2 year timeframes based on emerging conversations with system partners. The

Group Chief Executive confirmed the importance of working collaboratively with local partners such as mental health trusts.

Mr Sharples sought advice from the hospital chief executives on any obstacles encountered in progressing place-based initiatives and any specific areas requiring Trust Board support. The Chief Executive of The Royal London and Mile End Hospitals confirmed that hospital plans aligned well with the Integrated Care Board's (ICB) plans, with closer agreement with London Borough of Tower Hamlets on place priorities. He felt that the hospital was well-supported by the strategy team and anticipated being able to make a meaningful contribution to developing integrated neighbourhood teams. The Chief Executive of Whipps Cross Hospital emphasised the importance of increased primary care engagement and noted that further work was needed on recording and measuring factors such as admissions avoidance. The Deputy Chief Executive of Newham University Hospital felt that the basis for engagement with local boroughs was emerging, with early discussions primarily focused on delivering change within existing financial constraints.

The Chair was keen to hear more about the neighbourhood working plans and for the Trust to explore options to become an integrator for the system.

The Trust Board approved the approach to evolve the current place-based partnerships and proposals for developing integrated neighbourhood teams.

64/25 REPORTS FROM BOARD COMMITTEES

The Trust Board noted the exception reports from the Audit and Risk Committee, Finance, Investment and Performance Committee, Nomination and Remuneration Committee, Strategy and Partnerships Committee and the Quality Assurance Committee and received feedback from the respective chairs on the key points for escalation and Board consideration.

65/25 INTEGRATED PERFORMANCE REPORT

(i) Quality and Safety

The Chief Nurse provided key headlines from the report by exception, noting a continuing challenge in relation to complaints performance. She noted that the complaints annual report had been discussed at the July meeting of the Quality Assurance Committee and had been included on the Board's agenda. A deep dive report would be considered by the Quality Assurance Committee on MRSA and infection prevention. Learning would also be shared from St Bartholomew's Hospital on quality and safety work, recognising its impressive record on quality metrics. She noted that a Maternity Safety Support Programme event had been held in June with another due in September. The aim was for all hospitals to move as rapidly as possible into the programme's 'sustainability' phase.

Initial feedback had been received after a CQC follow-up visit to the Whipps Cross Hospital emergency department (reviewing progress made since their previous formal inspection). Improvements had been identified in the department's infection prevention control arrangements. There would be a continuing focus on emergency department (ED) flow featuring discussions with North East London Foundation Trust (NELFT) regarding the pathway for mental health patients presenting in emergency care settings. The Whipps Cross Hospital Chief Executive added that construction work was under way to improve the hospital's emergency and acute setting layouts.

The Vice Chair asked about the reported rise in number of incidents of harm. The Chief Nurse advised that a change of reporting criteria for maternity incidents accounted for this and more details on this would be provided in the next integrated performance report.

Mr Williams asked about the availability of stillbirth data breakdowns by ethnicity. Ms Nelson-Ferns confirmed that this breakdown had been included in Quality Assurance Committee papers and the Chief Nurse would include this in future reports.

ACTION: Chief Nurse

(ii) Operational Performance

The Chief Operating Officer outlined 18-week wait performance and progress on outpatients improvements. The national priority on elective care remained the clearance of the longest waiting patient cohorts. Work to maximise capacity was gaining pace, with support from specialty operational delivery networks. She noted continued strong performance on all cancer access standards, with a recent focus on the most challenged tumour groups proving successful. There had been improvements in diagnostics performance since December with Newham University Hospital plans to purchase a new CT scanner to improve capacity. The Chief Operating Officer recognised that paediatric audiology remained a challenged area with remediation plans involving local and national partners. Urgent and emergency care discharge delays linked to variation in complexity of caseloads and the need to maximise the benefits of urgent treatment centres across the group.

Ms Seary asked about the respective roles of the Trust and the wider system on complex discharges. The Chief Operating Officer noted that the majority of these patients required community therapies or care. She confirmed the Trust's role focussing on removing barriers to leaving hospitals in a timely way. The overall trend indicated a reduction in discharge delays. Ms Teather asked whether place-based partnerships assisted with plans to improve early discharges. The Royal London and Mile End Hospital Chief Executive confirmed that a good relationship with Tower Hamlets borough was an

important factor. The Whipps Cross Chief Executive noted discussions with the ICB exploring possible capacity solutions to allow earlier discharge of medically optimised patients. The Deputy Chief Executive of Newham University Hospital confirmed the development of datasets to anticipate reporting needs for neighbourhood working models.

Ms Nelson-Ferns noted the need to test the level of confidence in delivering theatres pre-operative care improvements and recommended that some form of analysis was included in reporting. The Chief Operating Officer emphasised the importance of pre-assessment and booking processes to reduce waiting list times and support clinical prioritisation.

(iii) Equity

The Director of Equity and Inclusion confirmed that patient waiting times were being examined from a gender disparity and learning disabilities perspective, with a focus on dental services. Work was underway to address access risks earlier. He acknowledged that the equity team's analysis of longer waiting times highlighted some differential in the experience of black patients.

Ms Seary asked about the positive steps to improve earlier interventions. The Whipps Cross Chief Executive noted that the access issues identified did not represent a statistical trend. The identification of a disproportionately high volume of black patients in 'did not attend' reporting had prompted investigation of any barriers to attending hospitals. The Director of Equity and Inclusion noted that a study of vulnerable patients would also explore opportunities for earlier interventions.

(iv) People

The report was noted, with a related agenda item appearing in the people strategy section.

(v) Financial Performance

The Chief Finance Officer noted the conclusion of the 2024/25 year-end audit, which had confirmed a small deficit outturn (less than 1% as a percentage of turnover). He noted that the Month 2 position was off plan by £6m and drivers of this adverse variance, including a high volume of mental health patients attending EDs requiring high staffing to patient ratios. The level of temporary staff was still not reducing at the required rate to support the achievement of planned savings targets. The Group Chief Executive noted the importance of delivering savings plans while also assessing the risk of unintended consequences of savings schemes on the quality of patient experience.

The Trust Board noted the report.

66/25 PEOPLE STRATEGY

The Director of People provided the Trust Board with an update on a refresh of People Strategy, which had been designed to incorporate learning from its first year of implementation and to align with the new NHS 10 Year Plan. He noted also the need to consider further the implications of planned industrial action.

The report summarised achievements to date, workforce productivity issues to address and priorities for the next year. Agency costs had reduced but a further reduction in Bank staff was required. He noted a strong performance on retention rates while staff turnover rates remained below 9%. Sickness absence rates remained stable and the focus was now on addressing the stretching target for appraisal completion rates of 90%. He noted a positive initiative on implementing team-based rostering and support for flexible working arrangements. He noted the introduction of a new cultural intelligence training programme and positive early signs on WRES (Workforce Race Equality Standard) data, while noting the need to improve race and ethnicity data collection. A new sexual safety policy, roll out of bystander training and sign up to the sexual safety charter reflected the Board's commitment to addressing this staff survey concern. Inclusive career development remained an ongoing area of focus for the year ahead.

Ms Seary appreciated the steps taken to address sexual safety risks and emphasised the importance of ensuring all staff were empowered and had the capability to raise concerns in this regard. Ms Seary asked about barriers to improving appraisal rates, recognising its importance for staff retention and workforce productivity.

Ms Thomas emphasised the need for robust job planning figures to support analysis of appraisal rates and productivity. The Director of People confirmed that the low rate of completed job plans at this stage of the financial year reflected that these were reset to zero each year, noting that this would improve gradually each month. The Chief Medical Officer noted the aim to achieve a 95% job planning completion rate by the end of the year.

The Chair asked about staff awareness of the workforce pressures involved in delivering financial imperatives (while observing that this had appeared to be relatively well understood by staff involved in the board visits to hospital departments earlier in the day). The Director of People acknowledged that messaging to support hard decisions was an ongoing challenge and efforts

were being made to communicate with staff in a way that was received positively.

The Trust Board endorsed the 2025/26 priorities set out in the plan.

67/25 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Group Development introduced the summary BAF, which had been refreshed following the completion of the Trust's operating plan and revised objectives. Many of the principal risks to 2025/26 objectives had been carried forward from the previous BAF and considered by the Board. He highlighted the highest scoring BAF risks, which included those relating to urgent and emergency care performance, delivery of revenue and capital expenditure reduction. He also noted the inclusion of a deep dive schedule indicating timelines for review of individual BAF risks by assigned Board committees.

68/25 NURSING AND MIDWIFERY ESTABLISHMENT

The Chief Nurse presented an update on the Trust's safe staffing review for nurses, midwives, and allied health professionals (NMAHP) detailing recommended changes to staffing levels and associated funding strategies.

She highlighted arrangements for oversight of staffing priorities and key pressures and mitigations in relation to emergency care and maternity services. She noted the review's positive findings on workforce productivity and nursing recruitment and retention=.

The Chair asked about the potential impact of a new national inquiry into maternity services. The Chief Nurse felt that there could be an impact and potential recommendations for safe staffing levels, emphasising the need to monitor activity levels and quality improvement initiatives.

The Trust Board approved the report.

69/25 YEARLY REPORTS

The Board noted the annual reports for complaints and safeguarding, with confirmation received that these had previously been reviewed by the Quality Assurance Committee.

Mr Sharples asked about the relative increase in adult safeguarding referrals compared with child safeguarding referrals. The Chief Nurse ascribed this to changes in acuity of vulnerable adult patients and an increasing awareness of safeguarding needs.

70/25 ANY OTHER BUSINESS

There was no other business.

71/25 QUESTIONS FROM MEMBERS OF THE PUBLIC

A representative from Newham Save our NHS campaign group asked about the Trust's recently updated uniform policy which banned staff from displaying political symbols, noting that this review followed complaints from UK Lawyers for Israel (UKLFI). The questions related to the extent of influence of UKLFI on Trust policies and the process to consult and approve trust policies (recognising the recent *Miller v University of Bristol* employment tribunal ruling).

The Director of People advised that:

- The revised uniform policy and dress code confirmed staff should not wear badges, lanyards, or anything else that might align with a particular nation or political party not directly linked to and supported by the Trust or the NHS.
- The policy was approved by the Trust Policies Committee as delegated by the Trust Board. The policy updates primarily related to the introduction of national nursing uniforms and was approved following consultation with staff networks and unions (Staffside). Aside from this internal consultation set out, no external organisations (including UKLFI) were consulted.
- The employment tribunal ruling cited had no direct links to the Trust's policy. The Trust recognised that beliefs of patients and staff were recognised under the Equality Act 2010; however, this ruling did not directly link to any requirement for exceptions to be made to NHS Trust uniform and dress codes.

72/25 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held at 11am on Wednesday 10 September 2025 in Rooms 5A/5B, Ground Floor, Education Centre, Mile End Hospital.

Sean Collins
Trust Secretary
Barts Health NHS Trust
would020 3246 0641

Action Log

Trust Board 5 March 2025			
No.	Relevant Minute reference	Lead	By
1	Mr Williams asked about the availability of stillbirth data breakdowns by ethnicity. Ms Nelson-Ferns confirmed that this breakdown had been included in Quality Assurance Committee papers and the Chief Nurse would include this in future reports.	Chief Nurse	10 September 2025

Report to Barts Health NHS Trust **10 September 2025 (BH part 1)**	**TB 65-25**

Title	Collaboration Update
Accountable Director	Group CEO (Barts Health) Trust CEO (BHRUT) Trust CEO (Homerton Healthcare)
Author(s)	Collaboration Director
Purpose	To update the Board on collaboration between the three acute providers and the Integrated Care Board in north east London.
Previously considered by	

Executive summary

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust are working together to improve quality and access for patients through collaboration.

At the May 2025 Board, an update was provided on the process undertaken to develop a refreshed Acute Provider Collaborative (APC) plan for 2025-26. The APC, mindful of the challenges ahead, including the mandate to reduce waiting times and to bring NEL back into financial balance, agreed to focus efforts on three clinical areas, these being Ear, Nose and Throat (ENT), Dermatology and Gynaecology and corporate schemes focussed on procurement and business intelligence.

These proposals were developed prior to national announcements on the wider restructuring of the NHS set out in the 10 Year Health Plan for England. In advance of its release, the APC held a Board development session in June 2025 with keynote presentations from both the NHS Chief Executive and NEL ICB Chief Executive who were able to share with colleagues a national and local perspective, providing valuable context to what the plan will mean for the APC.

The 10 Year Health Plan was launched in July 2025. Given the changing operating context, the APC is reviewing any implications for the remainder of 2025/26 and what this could mean for future years.

Related Trust objectives
All

Risk and Assurance	This report provides assurance in relation to the evolving and

	maturing collaboration between Barts Health, BHRUT, Homerton Healthcare and the NEL Integrated Care Board as part of an Acute Provider Collaborative.

Legal implications/ regulatory requirements	None

Action required The Trust Board is asked to NOTE the update.

UPDATE ON COLLABORATION BETWEEN BARTS HEALTH, BHRUT, HOMERTON HEALTHCARE AND THE INTEGRATED CARE BOARD WITHIN THE NORTH EAST LONDON ACUTE PROVIDER COLLABORATIVE

Introduction

In north east London, the three acute providers of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), Barts Health NHS Trust, Homerton Healthcare NHS Foundation Trust and the NEL Integrated Care Board are working together as an acute provider collaborative (APC) to address mutual challenges and deliver better care with an ambition to improve quality and access for patients through collaboration.

APC Development

When developing the APC plan for 2025/26, there was consensus to focus on fewer priorities. The key priority areas of focus for this year are broadly arranged across two areas:

- corporate services collaboration – with a focus on procurement and business intelligence
- delivering clinically sustainable services – with an initial focus on ENT, Gynaecology and Dermatology

The June 2025 APC Joint Committee received an update on progress across the programmes, with the salient points highlighted below:

***Procurement**:*

- Following approval of the Procurement Partnership Business Case by all NHS Trusts and the ICB, Barts Health NHS Trust had been selected as the host Trust for the integrated procurement service.
- A Procurement Partnership Board has now been established, with the inaugural meeting in June 2025. A Partnership Agreement is also being developed to underpin the activities within this programme.
- The team has identified £18.11m of savings projects, with a stretch target of £21.4m. Many of the expected savings are to be achieved through securing economies of scale through integration and are not reliant on system or governance shifts.

Business Intelligence:

This is a well advanced workstream, historically centred on Barking, Havering and Redbridge University NHS Trust (BHRUT) and Barts Health NHS Trust that could now be expanded across a NEL wide footprint. The work underway in this workstream is an enabler for savings being sought across the NEL system.

- The workstream had delivered some quick wins in the recent past - for instance an £80,000 saving secured through the joint procurement of benchmarking software for the system.
- The clinical coding element of the workstream formed the longest standing work programme, with efforts dedicated to building a more modern, resilient and automated system across BHRUT and Barts Health hospitals. Work was underway to move to a single coding function for the system in Autumn 2025, with the business case outlining this move recently having been agreed. Discussions were open with Homerton Healthcare NHS Foundation Trust (HHFT) to expand and include them in a shared service at some point in the future.
- The data quality programme was planning to take advantage of the opportunities becoming available through both BHRUT and Barts Health running on the Oracle Millenium system and the potential to integrate data quality teams across the area.
- The workstream, and by extension, the APC was expected to hold a key role in interfacing with and leading on work around the federated data platform (FDP), which was increasingly offering useful tools and products. The workstream was likely to take a role in identifying and rolling out new facilities on the platform for NEL partners.

Clinical Programmes – Ear, Nose and Throat (ENT), Gynaecology and Dermatology

Each of the clinical programmes are at different stages of development. The three programmes of work are seeking to strike a balance between maximising the pace of change and realistic delivery within resources available.

- The ENT programme has been reviewing a range of opportunities with senior clinical and operational leaders and has proposed that these include modelling of demand and capacity, a review of community provider support, creation of a networked approach for specialist and High-Volume Low Complexity (HVLC) pathways and reducing unwarranted variation in benchmarked clinical pathways. This approach was endorsed by the July 2025 APC Executive.
- Work was now underway to assemble a structure to develop and deliver this change programme and identifying the key partners that would be required to progress this work. Substantial delivery was expected within the financial year which would then be followed by a two to three-year schedule of detailed work. The team were taking an approach that would split their attention between ensuring that the current service was delivering at the right size, right now whilst also identifying and starting to explore the longer-term issues that will need to be addressed in the coming years.
- The programme will pilot interventions within Barts Health hospitals, expanding the membership to include Homerton Healthcare. All NEL partners will be invited to share in any learning from the programme.
- The Gynaecology Collaboration has now established a leadership team, with the specialty having seen significant growth in patients and a mismatch in demand against system capacity. There were clear opportunities for the system to work together and secure service improvements and efficiencies. Discussions are underway with stakeholders to finalise the principal areas of collaboration.

- The Dermatology Collaboration has quite recently been agreed as the third clinical programme. Partners initial thinking was that work across the system could be simplified and made more efficient by working differently.
- The proposal is to pilot a new community-based model for managing urgent but non-cancerous dermatology conditions. Patients can be referred directly to rapid access clinics run within local practices, avoiding unnecessary hospital referrals. The clinics will be jointly staffed by dermatology consultants and GPs with Special Interest (GPwSIs) in dermatology, offering timely assessments and treatment plans while supporting skill development for GPwSIs.
- The pilot is planned to begin in October 2025 and last for approximately 3 months and anticipated to see more than 200 patients.
- Some of the expected outcomes and benefits include a reduction in hospital referrals, lower DNA rates through local access, expanded hospital capacity for urgent cases and increased patient satisfaction and equitable access to routine dermatology services.
- The team will be working up outcome metrics, identifying a baseline and measuring for success to inform an assessment of whether it would be feasible to scale up such a service across NEL.

Looking ahead and the 10 Year Health Plan

The NHS is currently embarking on a wider restructuring agenda as set out in the recently published 10 Year Health Plan for England. In advance of its publication, at the APC Board seminar in June 2025, colleagues had the opportunity to hear from both the NHS Chief Executive and NEL ICB Chief Executive to discuss, openly, the implications of what this might mean as providers and the collaborative.

The 10 Year Health Plan was published in July 2025 and represents a pivotal moment for the NHS and wider health and care system. The plan commits to key changes to deliver the government's three shifts – analogue to digital, treatment to prevention and hospital to community.

The plan describes a new NHS operating model which devolves and empowers local leaders and communities. Central to this is the establishment of a neighbourhood health service – integrated, multiprofessional teams working together in local communities to deliver a preventive model of care, better supporting those most in need, including those with long-term conditions.

As further detail emerges on the new operating system, proposed changes to ICB governance and the implications of neighbourhood health, the APC will need to carefully consider its future approach and how best to achieve the ambition set out within the 10 Year Health Plan.

Summary

The Trust Board are asked to NOTE the update in relation to the evolving and maturing collaboration between Barts Health, BHRUT, Homerton Healthcare and the NEL Integrated Care Board as part of an Acute Provider Collaborative.

Report to the Trust Board: 10 September 2025	TB 66-25

Title	Finance, Investment and Performance Committee Exception Report
Chair	Mr Adam Sharples (Chair)
Author(s) / Secretary	Deputy Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Key agenda items for the meeting held on 3 September

Operational performance (constitutional standards)
Winter Planning thematic report
National Oversight Framework
Monthly finance report and NEL outlook
Financial Recovery
Capital
Workforce
Contracts and waivers
Annual Report and Terms of Reference

Key areas of discussion arising from items appearing on the agenda:

Winter Planning: The committee received a thematic review report on Winter Planning, which highlighted key themes and current risks. A key challenge was noted around bed closures planned ahead of winter and the confidence in how effective local mitigation schemes would be. The committee was told that a new table-top exercise would test the resilience of the system's assurance plans. The committee also noted requests to endorse nurse led units for medically optimised patients and trust-wide reset weeks and command centre rollout, and asked to see more information on these at the next meeting.

Operational Performance: The committee commended the improved performance across key elective, emergency and cancer performance indicators. The Trust achieved the standard to reduce 78-week waits to less than 20, with the current number at 12. While the 18-week performance was on track, the challenge remained in the 65-week cohort, where the Trust was approximately 79 patients away from its goal of 99 or less by the end of September. It was noted that metrics for theatre performance and utilization were not improving, and more speciality level data would be provided for the next report to give a clearer picture.

National Oversight Framework: An update on the National Oversight Framework was provided, stating that the Trust's provisional rating from April data placed it in segment 3 (out of 5 segments with segment 5 being the worst performing), a position it retained in the first formal segmentation notice. The report noted that a key change was the inclusion of the variance to the financial plan, which was previously excluded. A point about lower scores

and segments was not included in the report and was subsequently made more explicit.

Financial Reporting: The committee received a detailed financial report for Month 4, noting a £22.7 million deficit for the year to date and a £13.2 million adverse variance. The committee found the figures disappointing and noted that the first few months of the year had been well off track.

Financial Recovery: The financial position was noted, and further savings measures that might be needed to achieve the planned balance over the year as a whole were discussed.

Workforce: The monthly workforce report for Quarter 1 was presented. Pay was a significant challenge, with an £11.2 million adverse variance year to date, driven by the use of bank staff. The report noted that to get back on track and break even, the Trust would need to make further savings on pay.

Contracts and Waivers: The committee approved the Chairs Action for the recruitment of additional roles for a new MSK service after being assured there were no financial risks. The committee also endorsed the Preferred Bidder for a 20 year PFI Managed Equipment Service (MES) contract.

Any key actions agreed / decisions taken to be notified to the Board

LUNA implementation: The post-completion review of the LUNA implementation was delayed by a month and will be brought to the October meeting.

Financial Recovery: HV will document the further mitigation measures being considered, with an assessment of costs and consequences, to be presented to the Board.

Terms of Reference: HV will review the Committee's terms of reference against new NHS England expectations and bring them back to the next meeting.

Any issues for escalation to the Board
None.

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes.

Action required by the Board
The Trust Board is asked to note the exception report.

Report to the Trust Board: 10 September 2025	TB 67-25

Title	Nominations and Remuneration Committee Exception Report
Chair	Ian Jacobs, Chair
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees

Date of meeting The Nominations and Remuneration Committee met on 3 September 2025
Key areas of discussion arising from items appearing on the agenda At this meeting the Committee approved the Very Senior Manager (VSM) pay award for the Trust's very senior manager cohort for 2025/26. This reflects the Secretary of State for Health and Social Care accepting the Senior Salaries Review Body's headline pay recommendation in May 2025.

Any key actions agreed / decisions taken to be notified to the Board VSM pay award was agreed for 2025/26
Any issues for escalation to the Board None.

Legal implications/ regulatory requirements	n/a

Action required by the Board The Trust Board is asked to note the exception report from the Nominations and Remuneration Committee.

Barts Health Integrated Performance Report

September-25

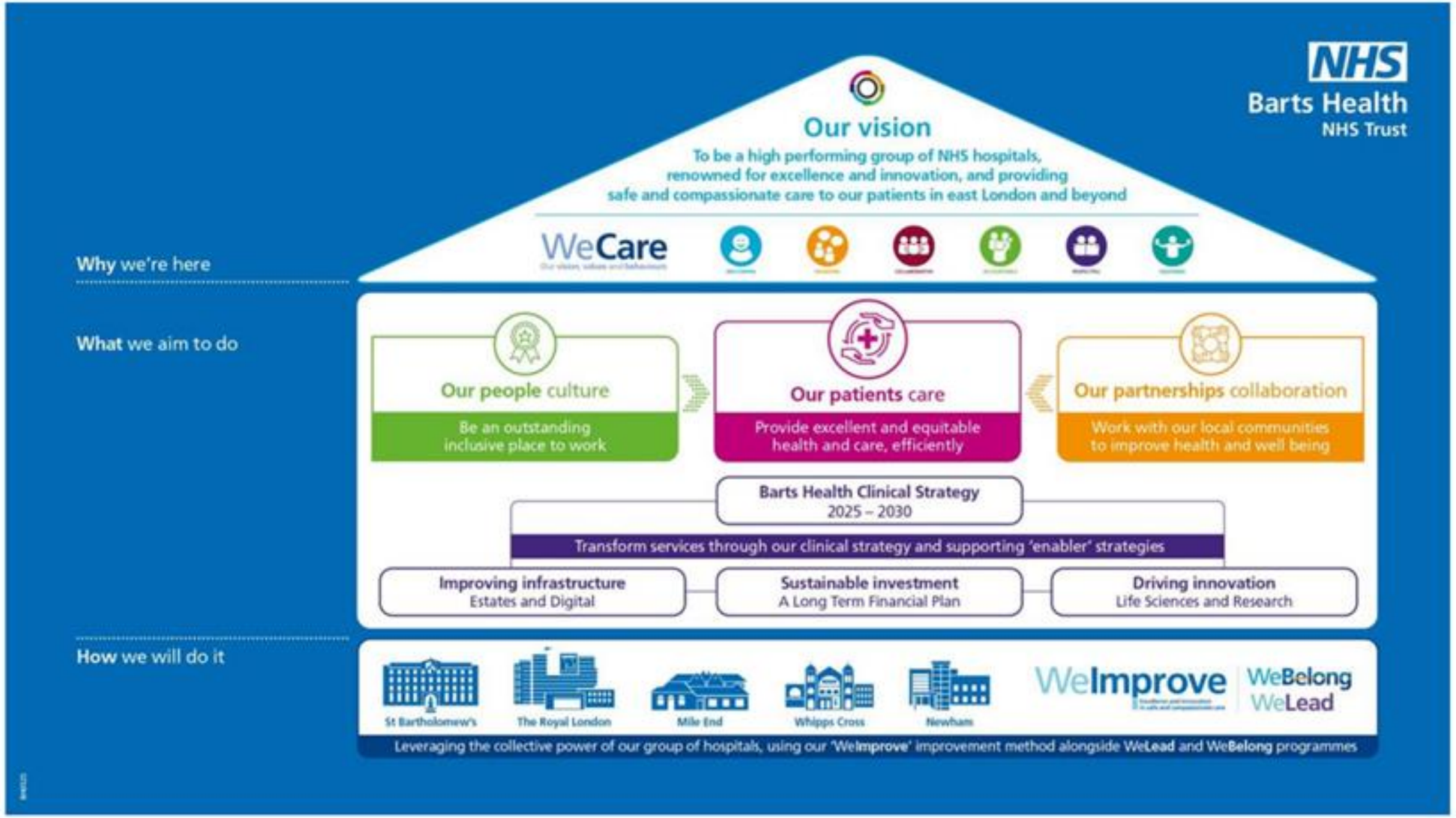
Performance for: **Jul-25**





Pack Contents

Barts Health Strategic Framework – sets out our vision, values and objectives as a Group, which we set our priorities and goals against.



Executive Summary

Executive Summary

Our Patients

Quality

Complaints

Acknowledged in agreed time and Replied to in Agreed time Trust : The Trust has seen an improvement in complaints acknowledgement and response performance, by Newham Hospital, with the introduction of the copilot trial, which assist with tracking and improved communication.

Incidents Resulting in Harm (Moderate Harm or More) and % Incidents Resulting in Harm (Moderate Harm or More)

Incidents resulting in harm at the level of moderate and above continue to be monitored. It is noted that within women's services, an apparent increase may be observed due to the hospital's participation in a research trial that measures actual blood loss rather than estimated blood loss. This change in practice may lead to higher numbers of reported incidents over time, reflecting improved accuracy in measurement rather than a decline in quality of care.

Infection Prevention Control

E.coli cases have reduced month on month across all hospitals for Q1. Whilst the number of cases has dropped in Q1(88) against Q4 24/25 (97), the cases are above the national objective with 88 cases being attributed. The quarterly maximum number of cases is no more than 76.

Methicillin-resistant staphylococcus aureus (MRSA) bacteraemia's, 2 cases in June against a 0-tolerance. Sustained efforts are ongoing to ensure robust infection prevention and control measures are consistently applied, with targeted actions to address identified risks and prevent avoidable infections.

External Activity

An Environmental Permitting Regulations (EPR) inspection visit took place at Whipps Cross Hospital Nuclear Medicine on 6th August, with a further inspection scheduled at St Bartholomew's due in September. Previous inspections in February and June (at Whipps Cross and St Bartholomew's respectively) were both positive. In addition, a Care Quality Commission (CQC) inspection of diagnostic imaging at Whipps Cross Hospital has recently taken place as an announced visit in July, and the Trust is currently awaiting the draft report.

Operational Performance

There was a period of Industrial Action (IA) for resident doctors called by the British Medical Association between 7am 25th July to 7am 30th July 2025. The Trust faced challenges in maintaining elective and emergency services, coordinating rotas, and managing communications with staff and patients. Despite these pressures, the organisation demonstrated resilience, preserving a higher proportion of elective activity than in previous strikes and maintaining safe patient care through consultant-led decision-making and cross-site collaboration. There were 998 outpatient appointments, and 139 elective procedures cancelled and rescheduled during this period of IA. The vast majority of cancellations were for non-urgent and non-long-waiting patients.

Elective Care

The Trust achieved its objectives related to 18-week waits (first outpatient appointments and first treatment objective), however it did not meet its objectives related to 52-week waits and had ongoing challenges related to 78- and 65-weeks waits. It has been confirmed that Barts Health NHS Trust will be in Tier 1 for Elective and Diagnostics for Quarter 2 of 25/26

Diagnostics

Diagnostic waiting time performance has been steadily improving across the Barts Health Group since December, however, there has been a drop in performance in July compared to the previous 3 months. For July 2025, 77.17% received diagnostic tests within 6 weeks. There have been specific challenges in CT and MRI impacting performance, although improvements have been made in endoscopy.

Executive Summary

Cancer

Strong performance in cancer has been maintained into June 25. The Trust saw strong performance in the Faster Diagnosis standard (80.9%), the Aggregate 31-day Decision to Treat standard (98.5%), and the 62-day standard (72.8%).

Urgent and Emergency Care

Four hour performance has been maintained in UEC for July, recording a performance of 73.4% against a monthly trajectory of 72.8%. This is a stable position Trust wide with the Trust ranked 15 out of 17 London reporting Trusts on the four-hour standard, and 6/10 nationally for performance of the largest A&Es in the country. The Trust's 12-hour position continued to improve in July to 6.8%. This is a 1.8% improvement compared to July 24.

Our People

Temporary Staffing

The Trust is now delivering against the target to reduce pay spend as a % of pay bill with the latest YTD figure at 1.1%, below the 1.2% target. Temporary staffing demand does, however, remain a challenge accounting for 12.1% of the workforce.

Substantive Staffing

Whilst there have been changes in the substantive fill rate (a reduction to 91.6% for all staff and an increase to 91.5% for registered nursing and midwifery) our overall substantive workforce has largely remained stable, reducing by 21 WTE – reflecting a seasonal reduction in medical staff ahead of the August rotations.

Supporting Enablers

Finance

The Trust is reporting a (£22.7m) deficit for the year to date at Month 4, which is (£13.2m) adverse against plan. The Trust has submitted a Financial Recovery Plan to NEL ICB and NHSE with the aim of achieving financial balance across the system in 2025/26.

The key financial challenges for the Trust in achieving its plan for this financial year include:

- Delivering increased efficiency savings to meet the forecast outturn control totals for sites and Group services aligned to the Financial Recovery Plan.
- Working with system partners to reduce delays in transfers of medically optimised and mental health patients out of acute hospitals to more appropriate care settings.
- Minimising additional costs of managing elective wating times particularly in relation to long waiters.

NHSE Oversight Framework

	NOF SCORE			Trust Performance			NOF			
ACCESS TO SERVICES	**3.0**	**Metric**	**Latest data**	**Barts latest performance**	**Barts agreed trajectory**	**SPC Trend (monthly - 24 months)**	**Current NOF**	**NOF stretch**	**Objective**	**Variance to objective**
Elective Care		18 Week RTT Compliance (Incomplete)	Jul-25	57.1%	53.5%	Improvement	3.2	2	59.5%	-2.4%
		Difference between planned and actual 18 week performance	Jul-25	3.5%	-	-	1.0	-	-	-
		% RTT patients waiting 52 weeks or more	Jul-25	3.5%	2.7%	Concern	3.2	2	2.2%	-1.3%
		Percentage of people waiting over 52 weeks for community services	Jun-25	11.5%	-	Improvement	3.5	2	0.1%	-11.4%
Cancer Care		Cancer 28 Day FDS Aggregate - 12 month rolling	Jun-25	74.7%	74.1%	Concern	3.4	2	77.6%	-2.9%
		Cancer 62 Days Aggregate - 12 month rolling	Jun-25	68.7%	67.8%	Improvement	3.1	2	71.3%	-2.6%
Urgent and emergency Care		A&E 12 Hours Journey Time	Jul-25	11.4%	-	Improvement	3.2	2	9.7%	-1.7%
		A&E 4 Hours Waiting Time - 3 month rolling	Jul-25	71.0%	72.8%	Improvement	3.4	2	75.4%	-4.4%

	NOF SCORE			Trust Performance			NOF			
NOF DOMAIN (EFFECTIVENESS AND EXPERIENCE OF CARE)	**2.3**	**Metric**	**Latest data**	**Barts latest performance**	**Barts agreed trajectory**	**SPC Trend (monthly - 24 months)**	**Current NOF**	**Stetch**	**Objective**	**Variance to objective**
Patient experience		CQC Inpatient survey satisfaction rate	Jul-25	TBC	-	-	2.0	1	TBC	-
		Summary Hospital-Level Mortality Indicator	Feb-25	101.2	-	Concern	2.0	1	-	-
Effective flow and discharge		Average number of days from discharge ready date to actual discharge date	May-25	7.0	-	-	3.0	2	5.8	-1.2

*The 12-hour journey time methodology is different in the NOF framework compared to the IPR metric. NOF exclude type 3 attendances, whereas the IPR metric includes type 3 attendances
*Please note the 12-month rolling & 3 month rolling versions of the metrics, this is aligned to the NOF methodology.

NHSE Oversight Framework

	NOF SCORE			Trust Performance			NOF			
NOF DOMAIN (PATIENT SAFETY)	**2.5**	**Metric**	**Latest data**	**Barts latest performance**	**Barts agreed trajectory**	**SPC Trend (monthly - 24 months)**	**Current NOF**	**Stetch**	**Objective**	**Variance to objective**
Patient Safety		NHS Staff Survey - raising concerns sub-score score	2023/24	6.34	-	-	3.1	2	-	-
		CQC safe inspection score (if awared within the preceding 2 years)	-	No Score	-	-	-	-	-	-
		12 month rolling count of MRSA cases	Jul-25	20	-	No Significant Change	4.0	3	3	-17
		12 month rolling count of C.difficile cases	Jul-25	126	-	Improvement	1.0	1	-	-
		12 month rolling count of E.coli cases	Jul-25	280	-	Improvement	1.0	1	-	-

	NOF SCORE			Trust Performance			NOF			
NOF DOMAIN (People and workforce)	**2.2**	**Metric**	**Latest data**	**Barts latest performance**	**Barts agreed trajectory**	**SPC Trend (monthly - 24 months)**	**Current NOF**	**Stetch**	**Objective**	**Variance to objective**
Retention and Culture		Sickness Absence Rate	May-25	4.4%	-	No Significant Change	1.6	-	-	-
		NHS staff survey engagement theme	Dec-24	6.8	-	-	2.9	2	TBC	-

	NOF SCORE			Trust Performance			NOF			
NOF DOMAIN (Finance and Productivity	**1.0**	**Metric**	**Latest data**	**Barts latest performance**	**Barts agreed trajectory**	**SPC Trend (monthly - 24 months)**	**Current NOF**	**Stetch**	**Objective**	**Variance to objective**
Finance		Planned surplus/deficit	Jul-25	-9.5	-	-	1.0	-	-	-
		Actual surplus/deficit Vs. Plan	Jul-25	-13.2		-	-	-	-	-
Productivity		Implied productivity level	Jun-25	5.1	-	-	1.7	-	-	-
		Relative difference in costs		-	-	-	-	-	-	-

Our Patients – Care

‘Providing excellent and equitable healthcare’

Improving Equity, Quality and Standards – Improve equity of access to care for our population

Summary : Improving Equity, Quality & Standards

The data covered in this report covers the Quality dashboard metrics for June 2025 reporting period in line with the Barts Health approach to reporting using Statistical Process Control (SPC) methodology.

Quality Indicator metrics:

Complaints: Acknowledged in agreed time and Replied to in Agreed time Trust : Improved Complaints acknowledgement and response performance largely driven by Newham Hospital, with the introduction of the copilot trial. Copilot can support complaints management in the NHS by streamlining case tracking and ensuring timely responses in line with policy. It enables consistent documentation, reducing variation and improving the quality of records. Analytics and reporting functions help identify recurring themes and drive service improvements.

Incidents Resulting in Harm (Moderate Harm or More) and % Incidents Resulting in Harm (Moderate Harm or More): Incidents resulting in harm at the level of moderate and above continue to be monitored. It is noted that within women's services, an apparent increase may be observed due to the hospital's participation in a research trial that measures actual blood loss rather than estimated blood loss. This change in practice may lead to higher numbers of reported incidents over time, reflecting improved accuracy in measurement rather than a decline in quality of care.

Infection Prevention Control: E.coli cases have reduced month on month across all hospitals for Q1. Whilst the number of cases has dropped in Q1(88) against Q4 24/25 (97), the cases are above the national objective with 88 cases being attributed. The quarterly maximum number of cases is no more than 76.
Methicillin-resistant staphylococcus aureus (MRSA) bacteraemia's, 2 cases in June against a 0-tolerance. Sustained efforts are ongoing to ensure robust infection prevention and control measures are consistently applied, with targeted actions to address identified risks and prevent avoidable infections.

Duty of Candour: Q1 25/26 Peer audit using an audit tool and scoring criteria. The latest Duty of Candour audit demonstrates improvement, reflecting strengthened compliance with statutory requirements and a continued focus on openness and transparency in communication with patients and families.

External Activity: An Environmental Permitting Regulations (EPR) inspection visit took place at Whipps Cross Hospital Nuclear Medicine on 6th August, with a further inspection scheduled at St Bartholomew's due in September. Previous inspections in February and June (at Whipps Cross and St Bartholomew's respectively) were both positive. In addition, a CQC inspection of diagnostic imaging at Whipps Cross Hospital has recently taken place as an announced visit in July, and the Trust is currently awaiting the draft report.

Open National Patient Safety Alerts: 2 overdue alerts remain open. The organisation continues to actively manage the two complex patient safety alerts. A detailed action plan has been developed for each, with clear trajectory dates in place to support progress monitoring and assurance of compliance.

Domain Scorecard

Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Data Quality
MSA Breaches	●			Jun-25 (m)	<= 0	18	**20**	***66***	3	11	5	1	
FFT % Positive - Inpatients	●			Jun-25 (m)	>= 91%	91.1%	**91.2%**	***91.4%***	88.6%	93.2%	92.0%	92.7%	
FFT % Positive - A&E	●			Jun-25 (m)	>= 60%	61.6%	**61.9%**	***61.7%***	61.4%	69.3%	48.4%	-	
FFT % Positive - Maternity	●			Jun-25 (m)	>= 93%	85.8%	**87.8%**	***84.2%***	87.2%	95.3%	80.5%	-	
FFT Response Rate - Inpatients	●			Jun-25 (m)	>= 23%	27.3%	**26.3%**	***27.0%***	26.8%	39.8%	33.3%	13.5%	
FFT Response Rate - A&E	●			Jun-25 (m)	>= 12%	7.7%	**7.1%**	***7.1%***	6.6%	9.1%	5.5%	-	
FFT Response Rate - Maternity	●			Jun-25 (m)	>= 17.5%	15.8%	**11.5%**	***11.5%***	12.3%	13.6%	9.3%	-	
Complaints Replied to in Agreed Time	●			Jun-25 (m)	>= 80%	71.2%	79.2%	*73.8%*	80.6%	66.7%	93.1%	92.9%	
Duty of Candour	●			Jun-25 (m)	>= 100%	88.3%	**88.8%**	-	85.3%	91.2%	88.6%	100.0%	

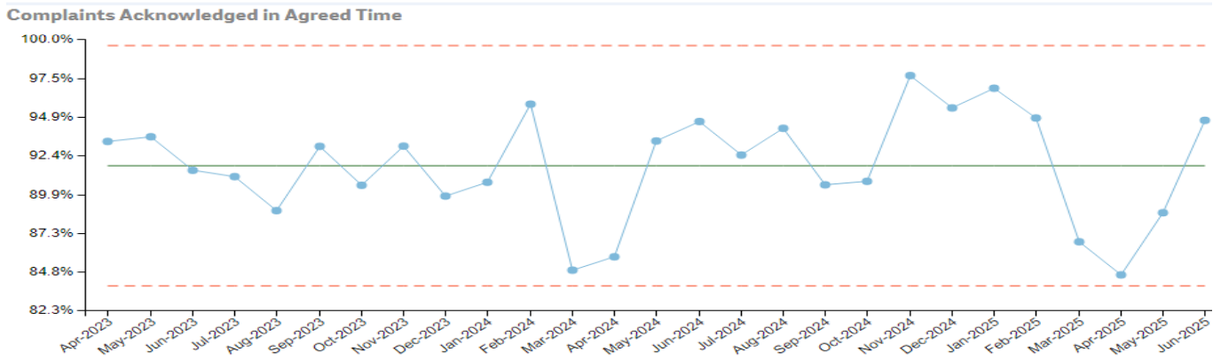
Domain Scorecard

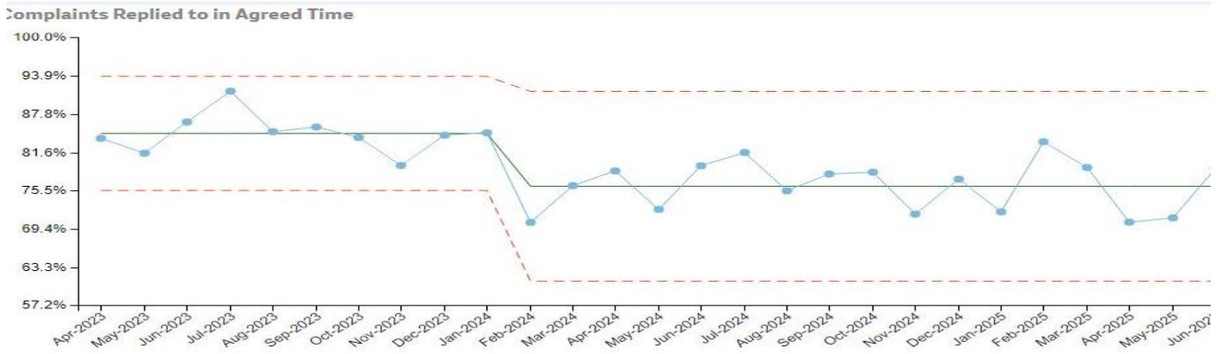
Indicator	Exception Triggers: Month Target	Exception Triggers: Step Change	Exception Triggers: Contl. Limit	This Period	This Period Target	Performance: Last Period	Performance: This Period	Performance: YTD	Site Comparison: Royal London	Site Comparison: Whipps Cross	Site Comparison: Newham	Site Comparison: St Bart's	Data Quality
Clostridium difficile - Infection Rate				Jun-25 (m)	<= 16	8.8	**9.1**	***9.5***	6.1	0.0	37.7	0.0	
Clostridium difficile - Incidence				Jun-25 (m)	<= 12	6	**6**	***19***	2	0	4	0	
Assigned MRSA Bacteraemia Cases				Jun-25 (m)	<= 0	1	**2**	***7***	2	0	0	0	
MSSA Bacteraemias				Jun-25 (m)	SPC Breach	4	**15**	***31***	6	3	2	4	
E.coli Bacteraemia Bloodstream Infections				Jun-25 (m)	<= 28	27	**29**	***88***	11	8	7	3	
Never Events				Jun-25 (m)	-	0	**0**	***1***	0	0	0	0	
% Incidents Resulting in Harm (Moderate Harm or More)				Jun-25 (m)	<= 0.9%	4.2%	**3.9%**	***3.7%***	3.7%	3.9%	5.6%	1.3%	
Falls Per 1,000 Bed Days				Jun-25 (m)	<= 4.8	3.0	3.1	*3.1*	2.0	3.7	4.3	5.0	
Patient Safety Incidents Per 1,000 Bed Days				Jun-25 (m)	SPC Breach	44.1	**46.4**	***45.2***	32.2	59.0	64.0	54.6	
Pressure Ulcers Per 1,000 Bed Days				Jun-25 (m)	<= 0.6	1.0	**1.2**	***1.1***	0.5	1.6	2.7	0.7	
Pressure Ulcers (Device-Related) Per 1,000 Bed Days				Jun-25 (m)	SPC Breach	0.1	**0.0**	***0.1***	0.0	0.1	0.0	0.0	
Patient Safety Alerts Overdue				Jun-25 (m)	<= 0	3	**3**	***3***	-	-	-	-	
Summary Hospital-Level Mortality Indicator				Feb-25 (m)	<= 100	101	**101**	***101***	101	104	98	99	
Risk Adjusted Mortality Index				May-25 (m)	<= 100	90	**92**	-	95	88	81	113	
Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions				Jun-25 (m)	<= 0.51	0.39	**0.58**	***0.57***	0.41	0.51	2.11	0.19	

- *Annual discharge data, ending in month indicated as 'This period', used for the generation of the indicator. Confirmed or suspected cass of Covid – 19 are excluded.*
- *The Trust is reviewing quality and safety data using statistical process control; this supports early identification of risk and enables proactive planning. A review of the metrics demonstrated common cause variation across the indicator metrics.*

Complaints Acknowledged in Agreed Time and Complaints Replied to in Agreed time - Trust

IMPROVING EQUITY, QUALITY AND STANDARDS - SAFE





Indicator Definition:

Complaints Acknowledged in Agreed Time
The number of initial reportable complaints acknowledged within the agreed number of working days (which should usually be 3 working days). This is based on complaints received and considers both complaints already acknowledged and those not yet acknowledged

Complaints Replied to in Agreed Time
The number of initial reportable complaints replied to within the agreed number of working days (as agreed with the complainant). The time agreed for the reply might be 25 working days or might be another time such as 40 working days.

What is the Chart Telling us:

Common cause variation in agreed time indicated; however there has an improvement in performance over the past two months; largely been driven by Newham Hospital (NUH).
This follows a change in process with the introduction of co-pilot.
Complaint response performance measured by complaints replied to in agreed time remains below target but within control limits, with continued capacity issues across governance teams.

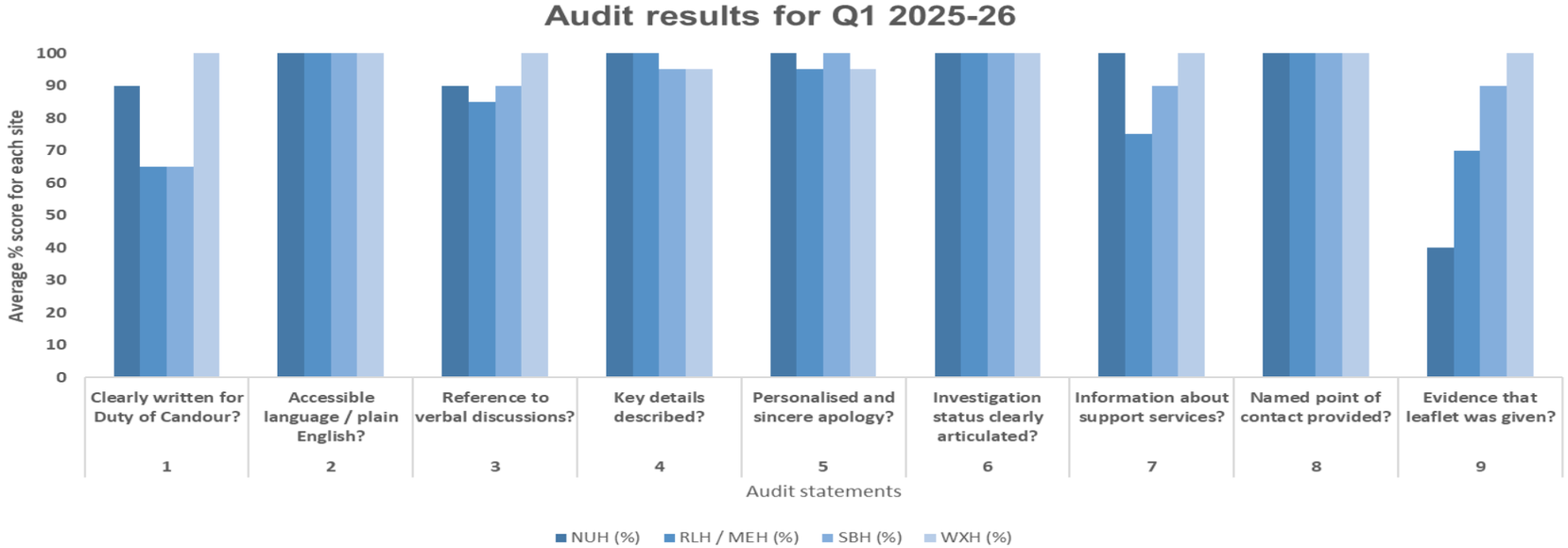
Actions taken:

- NUH have piloted the use of Microsoft Co-Pilot to help mitigate capacity challenges which has early indication of a positive impact. NUH have been invited to share learning with other hospitals at the Complaints Management Improvement Group.

Issues and Risks:

- Copilot in NHS complaints management acts as an efficiency tool (handling admin), a quality tool (ensuring consistent, policy-aligned responses), and a learning tool (spotting trends for service improvement). Importantly, it does not replace human judgment or empathy but enables staff to focus on those aspects.
- Copilot can also be used in support translating responses into different languages or adapting content for people with different communication needs.

Q1 Duty of Candour Letter audit results 2025/26



	Standard	NUH (%)	RLH / MEH (%)	SBH (%)	WXH (%)	Trust average (%)
1	Clearly written for Duty of Candour?	90	65	65	100	80
2	Accessible language / plain English?	100	100	100	100	100
3	Reference to verbal discussions?	90	85	90	100	91
4	Key details described?	100	100	95	95	98
5	Personalised and sincere apology?	100	95	100	95	98
6	Investigation status clearly articulated?	100	100	100	100	100
7	Information about support services?	100	75	90	100	91
8	Named point of contact provided?	100	100	100	100	100
9	Evidence that leaflet was given?	40	70	90	100	75
	Site total score (out of 180)	**164**	**158**	**166**	**178**	**167**
	Site overall percentage score	**91%**	**88%**	**92%**	**99%**	**93%**

Summary:

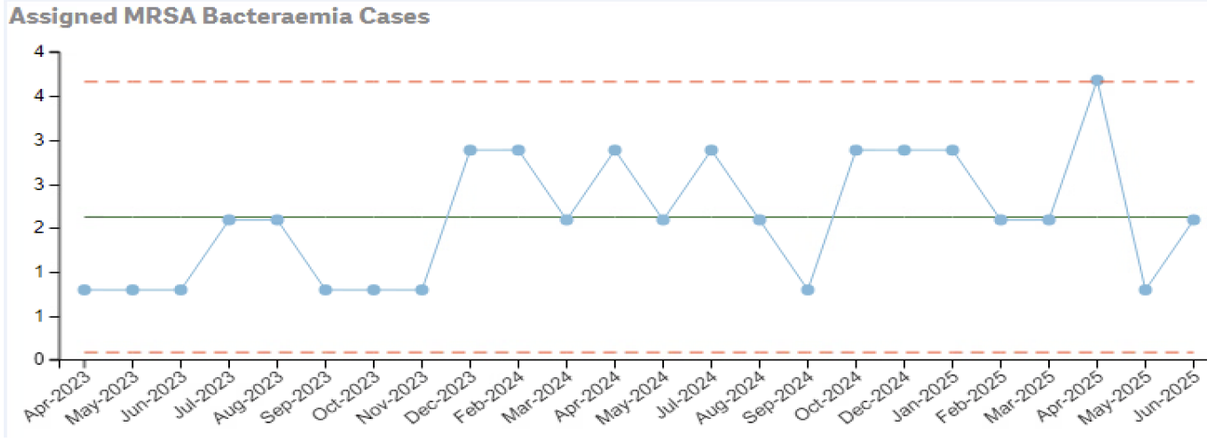
A new audit tool and scoring system was implemented in Q1 2025-26

Methodology:
For each hospital, 10 letters were randomly selected from applicable cases for audit. Each letter was evaluated against a set of quality standards using a scoring system: 2 (Fully Met), 1 (Partially Met), or 0 (Not Met). The Datix ID and relevant comments were recorded for each case. With a maximum of 18 points per letter, the highest possible score per site was 180.

Observations and recommendations:
This is the first quarter in which a revised audit tool and scoring system have been used. Therefore, direct comparisons with previous results are not appropriate.

The audit results for Q1 2025-26 demonstrate strong overall performance across all four sites—particularly WXH, which achieved an overall score of 99%.

Assigned MRSA Bacteraemia Cases - Trust



April	May	June	Total Q1 25/26
4	1	2	7

Indicator Definition:

Assigned MRSA Bacteraemia Cases

The number of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias which can be directly associated to the Trust.

MRSA Health Care Acquired Infection (HCAI) objective for 2025/26 is zero tolerance.

What is the Chart Telling us:

7 MRSA cases attributed to the Trust in Q1.

Actions taken:

Post infection review of each MRSA cases chaired by the hospital Director of Infection Prevention and Control (DIPC), and learning shared widely across the Trust.

MRSA acquisition (non-BSI) audit completed across all sites – Audit identified 'back to basics' with decolonisation therapy, patient management and communication.

Infection Prevention Control (IPC) annual audit programme in place.

Environmental (cleanliness) audit programme in place.

Aseptic Non-Touch Technique competencies.

Issues and Risks:

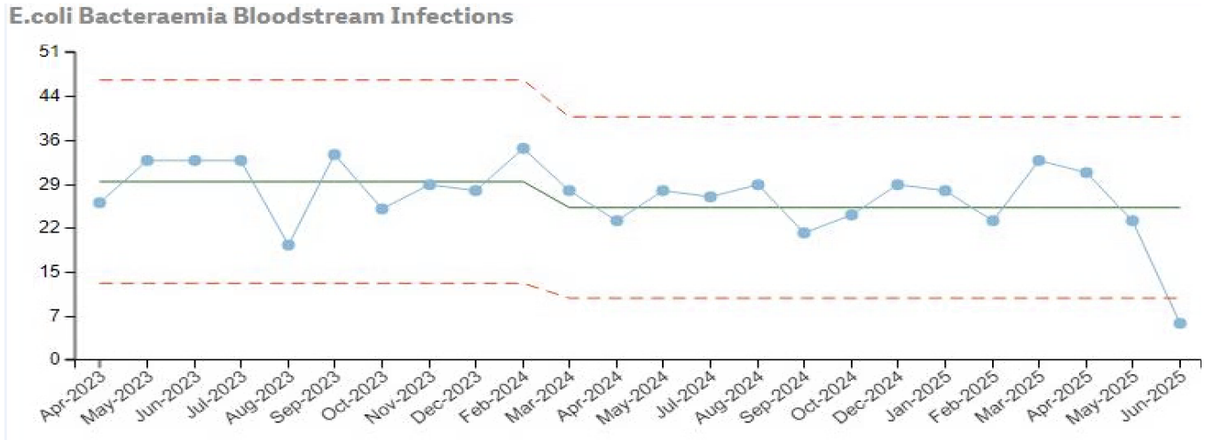
Breaches in IPC poses significant risks to patient safety.

Environment cleanliness standards maintained.

Limited side room (isolation) availability in hospitals with an older estate.

E.Coli Bacteraemia Bloodstream Infections

IMPROVING EQUITY, QUALITY AND STANDARDS - SAFE



April	May	June	Total Q1 25/26
32	27	29	88

Indicator Definition:

E.Coli Bacteraemia Bloodstream Infections

The number of Escherichia coli (E.coli) bacteraemia bloodstream infections at the Trust (i.e. for which the specimen was taken by the Trust).

National objective for 2025/26 is no more than 303 cases attributed to the Trust

What is the Chart Telling us:

E.coli cases have reduced month on month across all sites for Q1. the chart demonstrate a significant decrease in the reporting period driven by SBH and NUH.

Whilst the number of cases has dropped in Q1(88) against Q4 24/25 (97), the cases are above the national objective with 88 cases being attributed. The quarterly maximum number of cases is no more than 76.

If cases attributed continue as Q1, then overall the 2025/26 objective is estimated at 352 cases.

Actions taken:

IPC education and training to clinical staff.

IPC audit programme on IPC standards/practices, urinary catheter care, Intra Venous line care, mouth care and hydration.

Newly developed post infection review tool to identify and share learning.

Aseptic Non-Touch Technique (ANTT) competencies for clinical staff.

Device related blood stream infection reviews.

Issues and Risks:

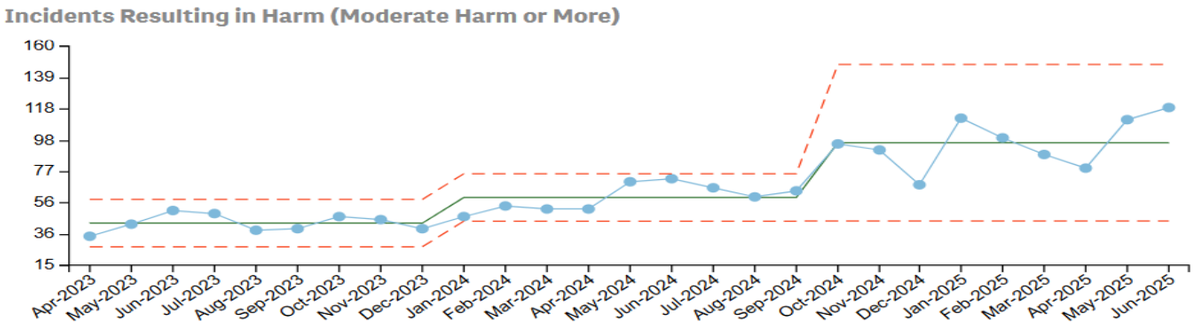
Breaches in IPC poses significant risks to patient safety.

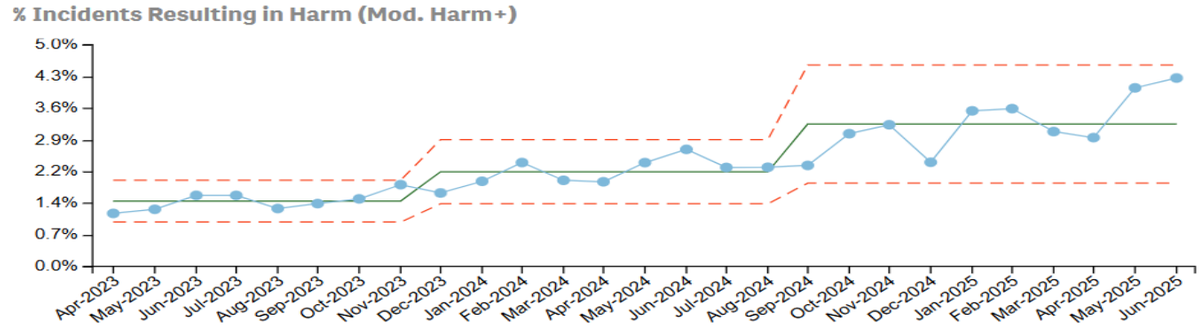
Environment cleanliness standards maintained.

Limited side room (isolation) availability in hospitals with an older estate.

Incidents Resulting in Harm (Moderate or More) - Trust

IMPROVING EQUITY, QUALITY AND STANDARDS - SAFE





Obstetrics	Pressure Ulcers	Delays in Care	Treatment
43	21	11	21

Indicator Definition:

% Incidents Resulting in Harm (Moderate Harm or More)
The number of patient-related incidents occurring at the Trust which caused harm (not including those which only caused low harm) divided by the total number of patient-related incidents occurring at the Trust.

Incidents Resulting in Harm (Moderate Harm or More)
The number of patient-related incidents occurring at the Trust which caused harm (not including those which only caused low harm)

What is the Chart Telling us:

There were 3941 incidents reported in June, of which 3.9% were recorded as causing moderate or more harm.

Actions taken:

Incidents are reviewed at Hospital Patient Safety Incident Review Meetings (PSIRMS) and assigned a learning response or assigned to the improvement pathway Improvement work ongoing at the hospitals in line with PSIRPs.

Issues and Risks:

Although the number of E. coli cases has reduced this month, it is essential that vigilance is maintained across the Trust in relation to infection prevention and control (IPC) practice. Ongoing attention to hand hygiene, environmental cleaning, antimicrobial stewardship, and device-related care remains critical.

External Agency Activity

- **The Environmental Agency (EA)**

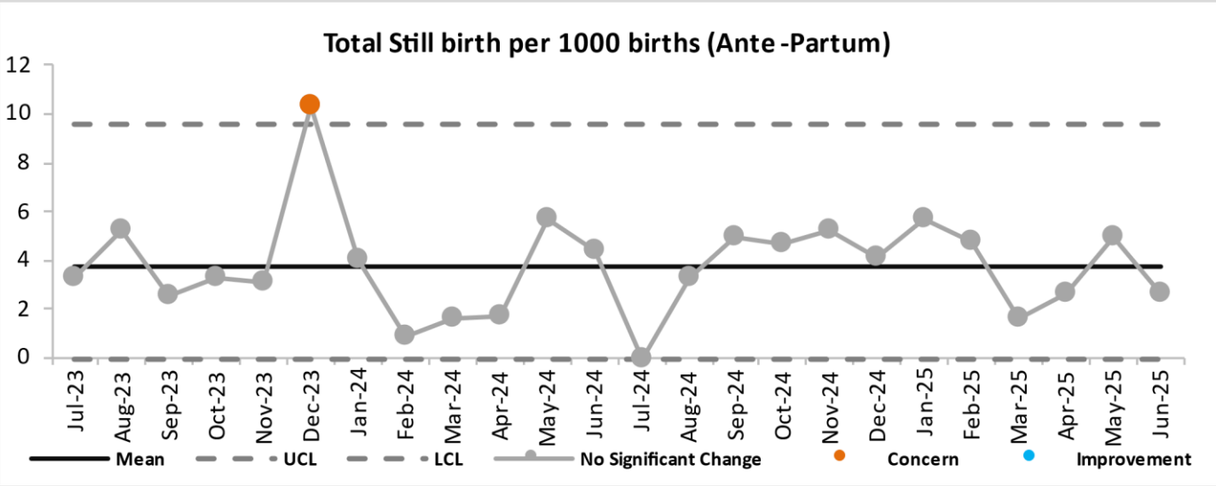
The EA regulate the Environmental Permitting Regulations (EPR) 2016 (as amended) and will be inspecting compliance with our WXH and SBH site permits to hold, use and dispose of radioactive materials.

Inspection dates: WXH – Nuclear Medicine on the 6th of August and the SBH on Friday 5th September.
The WXH site was last inspected in February 2023 and the SBH site was inspected in June 2024; both were positive inspections.
To prepare for the inspection the teams carried out EPR audits in the relevant areas and put together a readiness plan for each site based on the audits and the previous inspections.

- **Care Quality Commission inspection of the Diagnostic imaging (DI) Service at Whipps Cross Hospital**

The CQC conducted an inspection of the DI services at WXH on 29–30 July. This was an announced inspection, with the Trust given 48 hours' notice. No immediate significant concerns were identified during the visit. The draft report is awaited.

Still Births



Indicator Background:

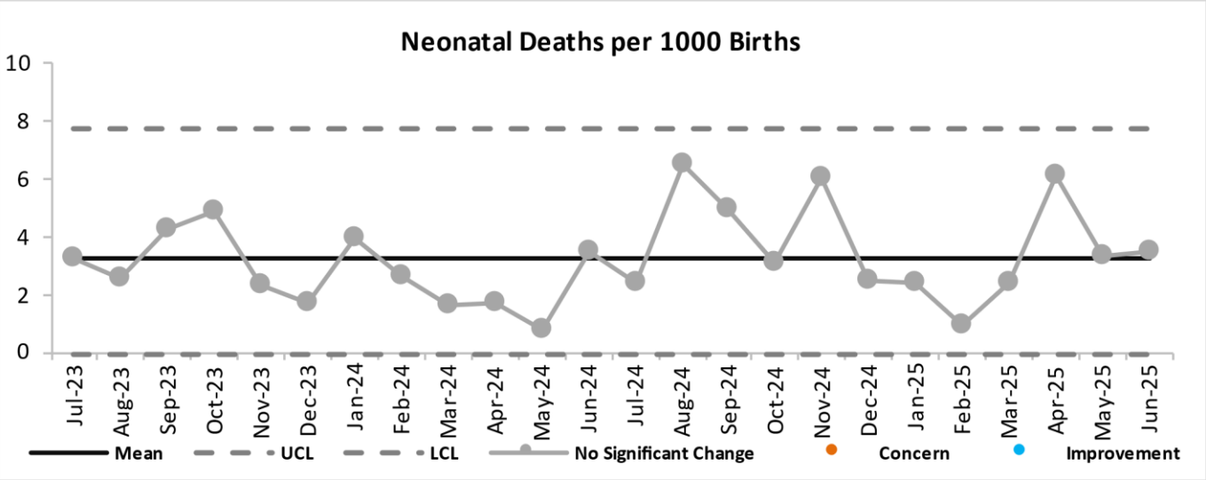
There is a national ambition to reduce stillbirth, neonatal death and brain injury by 50% by 2025. The stillbirth ambition is for the rate to decrease to 2.6 stillbirths per 1,000 births by 2025. The 2023 MBRRACE Group rate was 3.44 stillbirths per 1,000 births. When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has slightly higher stillbirth rates. Rates across the organisation have seen a small decrease over the last five years, with the exception of a small rise during the peak of the first two waves of the pandemic, as seen in national data (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRACE) last published in 2025 for 2023 data).

What is the Chart Telling us:

The chart is telling us that overall, for Barts Health there has been no significant change to the stillbirth rates.

Performance Overview	Responsible Director Update
Data presented in a rolling 12-month average rate (up to June 2025) shows normal fluctuation that is not statistically significant. There were five stillbirths in June in Barts Health. This is expressed, with terminations of pregnancy excluded as per the national data presentation but still counts babies who are born with lethal abnormalities.	A review of 6 month data gives an overall stillbirth rate of 3.3:1000 live births (which is slightly below our MBRRACE Group average of 3.44:1000 – stabilised and adjusted for case mix). By ethnic Group; Black women had a rate of 5.6, Asian women 3.3, and White women 3.0. Looking at ethnicity in more detail reveals that Bengali and Indian women had must lover rates (2.5,2.6) than Pakistani Groups (4.7). White British women had rates of 4.1, while Black Caribbean women had space and mes higher at 10.3:1000. Hospital teams have been asked to review this data and review culturally sensitive and targeted resources for black and Asian mother, alongside our Maternity and Neonatal Voices Partnership Groups to understand what improvement work they would like to undertake with a anti-racist approach in this space and will be reviewed as part of the Barts Maternity Perinatal Network.

Neonatal Deaths



Indicator Background:

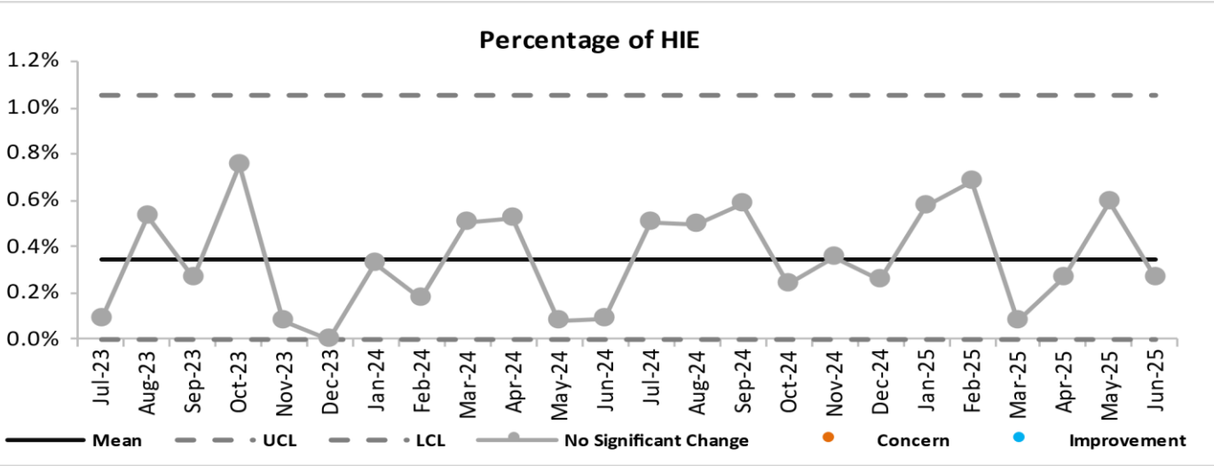
Prior to 2021, the national ambition covered all neonatal deaths and required the neonatal mortality rate to fall to 1.5 deaths per 1,000 live births by 2025. In 2021, the ambition was revised, as outlined in the Safer maternity care progress report 2021.The ambition was changed to 1.0 neonatal deaths per 1,000 live births for babies born at 24 weeks or over (1.3 for all gestations).
When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has lower Neonatal death rates. MBRACE 2022 (last available data published 2024)

What is the Chart Telling us:

The charts tell us that thankfully neonatal deaths are rare. Because of this, the data fluctuates from month to month. Work with the Making Data Count team at NHS Improvement will support the development of a rare events chart which will assist with visualisation of performance and outcomes.

Performance Overview	Responsible Director Update
There were 4 neonatal death in month. There were four neonatal deaths. One was a case of lethal genetic abnormality and three cases of extreme prematurity. All cases have had initial reviews and will undergo an Multi Disciplinary Team (MDT) review as part of the national Perinatal Mortality Review Tool. Two mothers transferred in for specialist care from other providers. The women who booked at Barts all booked before 9 weeks gestation, and both from Black African heritage.	All cases have had initial reviews and will undergo an MDT review as part of the national Perinatal Mortality Review Tool. In both cases, maternal and fetal risk factors were identified and women placed on higher risk pathways. Once baby had antenatally diagnosed significant abnormalities. All babies born in the correct location for gestation.

HIE (Hypoxic-Ischaemic Encephalopathy)



Indicator Background:

The rates for brain injury or HIE fluctuate monthly across the hospitals. Cases of severe brain injury are fortunately rare. Babies who are born in poor condition at birth are reviewed by our neonatal teams to review suitability for cooling therapy which is known to reduce the severity of injury to the brain following acute onset of hypoxia during birth. Cooling therapy is known to slow down the changes in the brain which can continue to have a detrimental effect even after the hypoxic insult has occurred. Babies are cooled for 72 hours, their body temperature is reduced and they are sedated and made comfortable during this process with various medications. Bart's Health provides this therapy at the Royal London site, and we also refer babies to The Homerton hospital where needed.

Brain injury can be as a result of changes that occur during the pregnancy as a result of reduced blood flow to the placenta, but can also occur during labour, which is why foetal monitoring is a vital component of safe care. Any cases where a baby is referred for cooling and has a brain injury is referred for external review by HSIB. The data captured through Barts Health only includes cases of severe damage (HIE grades 2 &3) and babies both born and treated at Barts Health. Improvement work at Barts health focuses on foetal well being in pregnancy and good foetal monitoring during labour to identify early signs of hypoxia and to help us deliver these babies in a timely way.

What is the Chart Telling us:

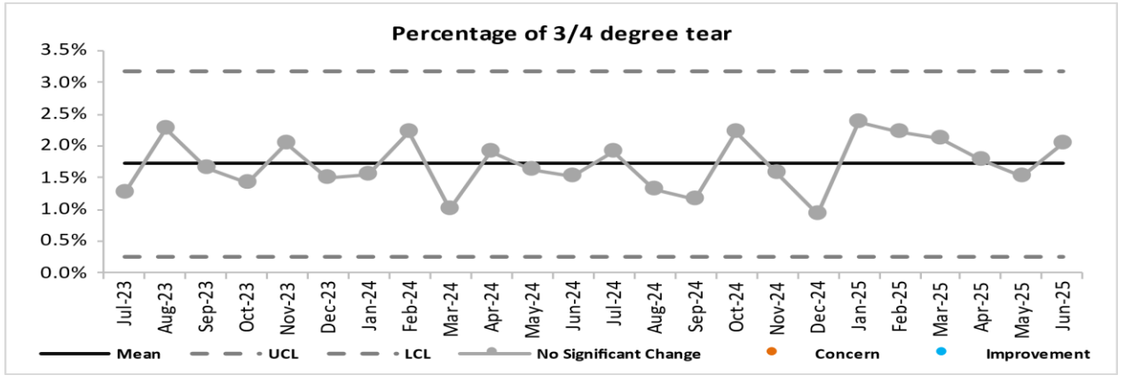
That there was 1 case of HIE grade 2/3 in babies born within and receiving treatment at Barts Health.

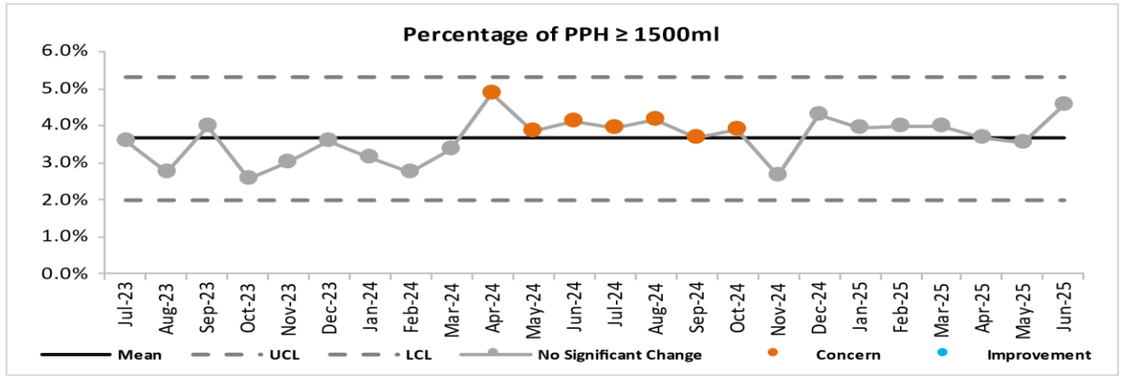
Performance Overview

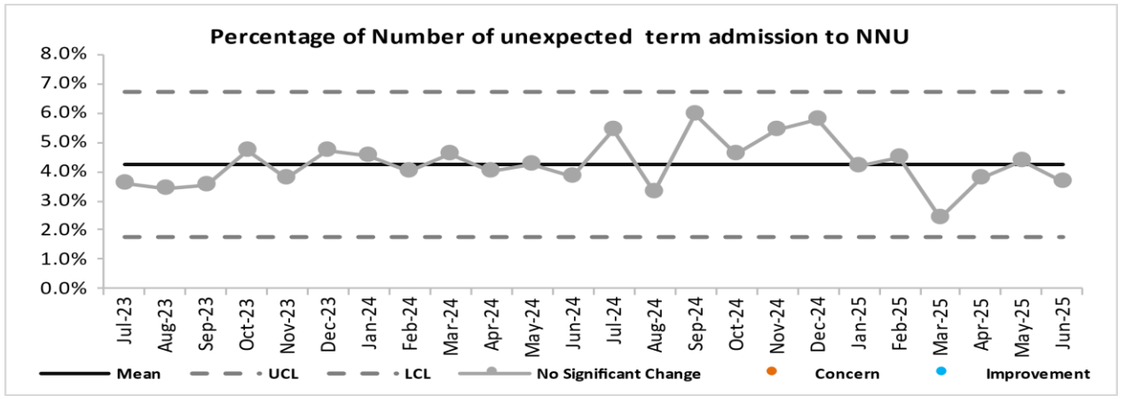
Each case of significant brain injury has an extensive external investigation in line with national practice by the Maternity and neonatal Safety Investigations (MNSI) team.

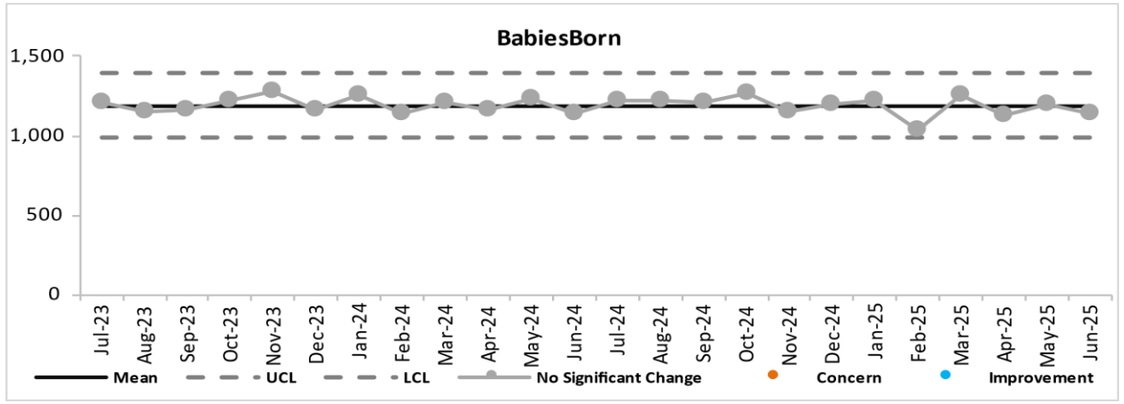
There was one case in June for a baby born with significant HIE. This case is being investigated by MNSI in line with national guidance. Investigation areas to be explored: Antenatal care: Management of antenatal anaemia, early labour care, growth surveillance and use of interpreters. Labour care: Multiple attendances in early labour, social risk factors, Staffing, acuity, escalation, birth centre criteria and staff understanding of them, fetal monitoring. Neonatal care: Resuscitation and decision to commence cooling, escalation to consultant, timing of ventilation and management of hypoglycaemia.

Maternity Signals









Performance Overview	Responsible Director Update
Post Partum Haemorrhage (PPH) of 1500ml trend shows significant deterioration in performance in this metric. All hospitals have been reporting higher rates of PPH than previously. This could be due to recent change in recording all blood loss as measured rather than estimated. Services are reviewing their cases in line with PSIRF principles and have action plans to address them.	Peer reviews of Massive Obstetric Haemorrhage (MOH) cases, and to conduct these for losses >1500mls (previously conducted for >2000ml) will help share learning and help identify any themes that have been missed. In addition, Whipps Cross are reviewing blood transfusion practice from last year against this year to understand if this is an increase in accurate reporting or there has been a deterioration in clinical care and morbidity. Results will be shared when available. Themes from peer reviews have identified prolonged second stage of labour, poor compliance to risk assessments, and delays in administration of treatment uterotonics when blood loss is escalating. Loss of situational awareness and escalation have also been identified as problems.

Equity Summary

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION

Equity

The Trust has reviewed its waiting lists to identify differences in wait times between patient Groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, learning disability status, and between patients who live in wealthier postcodes compared to those who live in more deprived postcodes. We explored differences between ethnic Groups and varying levels of deprivation at hospital site level as well as at Trust level. The analysis is a snapshot of data as of 20th August 2025.

We include median wait times in our analyses as well as mean wait times. This is because waiting times are often not a standard distribution, and are skewed by a relatively few very long waiters. The median is often considered a better summary statistic than the mean or average in those circumstances.

Findings

At Trust level, we found significant differences in average waiting times for gender, although an improvement from the previous report, and learning disability status. These findings are driven largely by long waits in gynaecology skewing the gender data, and a large number of LD patients waiting for restorative dentistry services at Royal London Hospital.

Differences in waits between known ethnicities are not observed at site level, although there is some evidence of Asian and Black ethnicity patients experiencing waits above the Trust average. Patients from mixed ethnic backgrounds are waiting longer on average, which is the first time we have observed this finding in recent reports.

Patients from most deprived backgrounds are waiting longer on average than those from least deprived backgrounds. This is seen most prominently at Whipps Cross. This is the first time we have observed this finding in recent reports, and we will continue to monitor for trends.

Ethnicity capture remains above 95% target across inpatient, outpatient, and A&E. We will continue to monitor for monthly trends in capture rates.

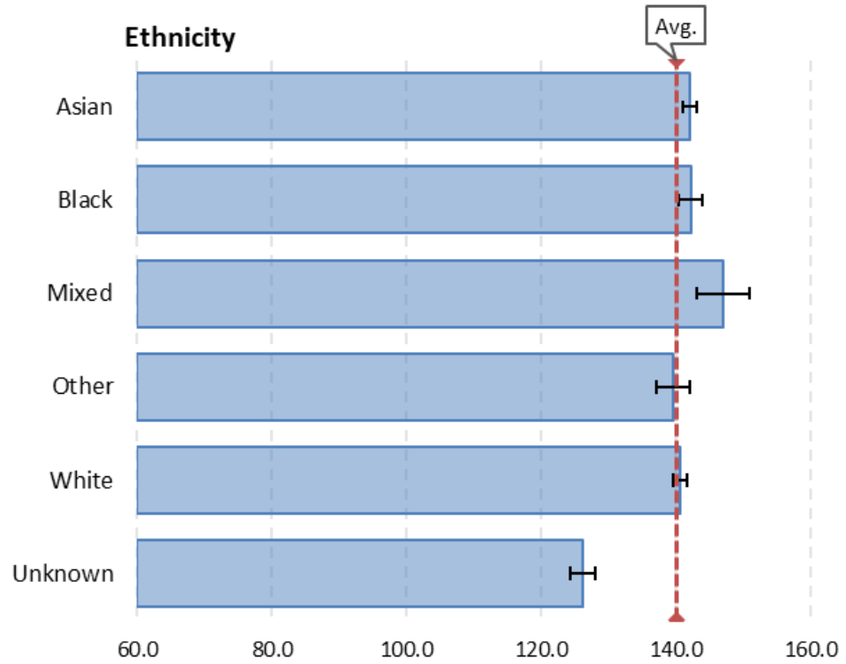
Findings for gender and learning disability have been escalated and shared through the Inclusion and Equity board and the Elective Recovery Board. For Gynaecology services, the North East London Planned Care Board is also working with sites to address waits for this specialty. Gynaecology is one of the pilot areas for ODNs (Operational Delivery Networks) with a key part of their role reducing waiting times for patients.

Next steps

We will continue to work to mitigate the increased waiting times for patients with Learning Disabilities. We will also ensure we update on the efforts to address the waits in Gynaecology across North East London. We will work with London. We will work with sites to monitor the disparity in patients from and continue to look for trends in deprivation and ethnicity more widely.

Equity - Wait Times By Ethnicity

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION



Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,780,986	40,681
Black	2,212,900	15,562
Mixed	479,227	3,261
Other	1,091,407	7,818
White	6,343,595	45,085
Unknown	1,547,656	12,267

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	142.1	141.0	143.2	16-17
Black	142.2	140.5	143.9	16-17
Mixed	147.0	143.0	150.9	18-19
Other	139.6	137.1	142.1	16-17
White	140.7	139.7	141.7	16-17
Unknown	126.2	124.4	127.9	14-15
Grand Total	**140.0**			**16-17**

Commentary

Patients from the mixed ethnic category are waiting on average 4.3 days longer than patients from the white ethnic category, and this difference is statistically significant.

This is the first time we have observed this difference for patients from the mixed ethnic category, and we will continue to monitor.

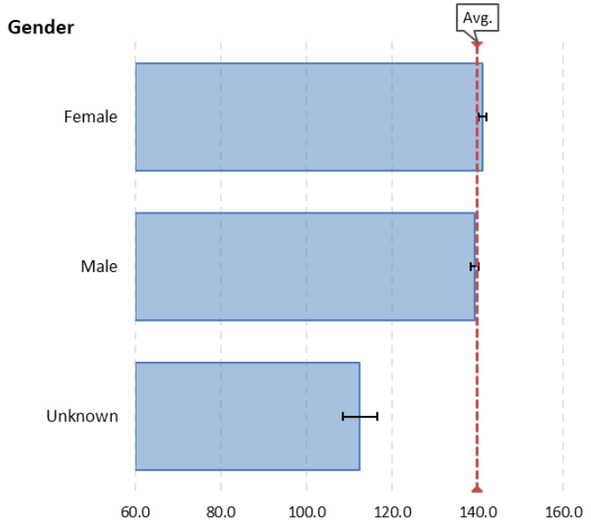
There is some evidence of Asian and Black ethnicity patients also waiting longer than the Trust average, which we will continue to monitor closely for trends.

Patients from 'Unknown' ethnic category have the shortest average wait of 126.2 days, although we believe these patients are more likely to be urgent referrals.

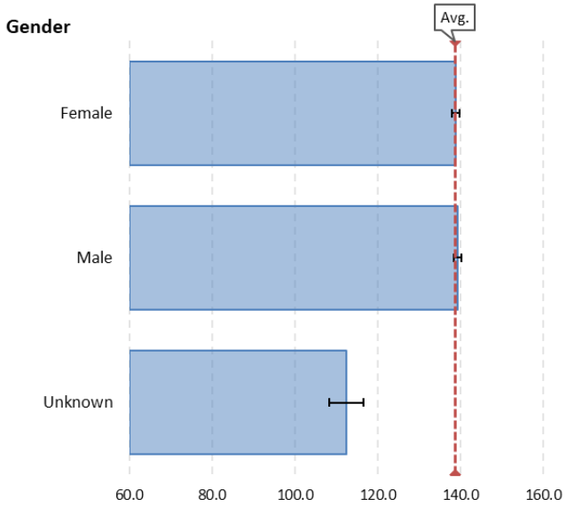
Equity – Wait Times by Gender

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION

All Specialties



All Specialties **Without** Gynaecology



All Specialties

Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	9,549,488	67,634
Male	7,712,205	55,315
Unknown	194,078	1,725

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper	Median WW
Female	141.2	140.4	142.0	16-17
Male	139.4	138.5	140.3	16-17
Unknown	112.5	108.4	116.6	10-11
Grand Total	**140.0**			**16-17**

Commentary

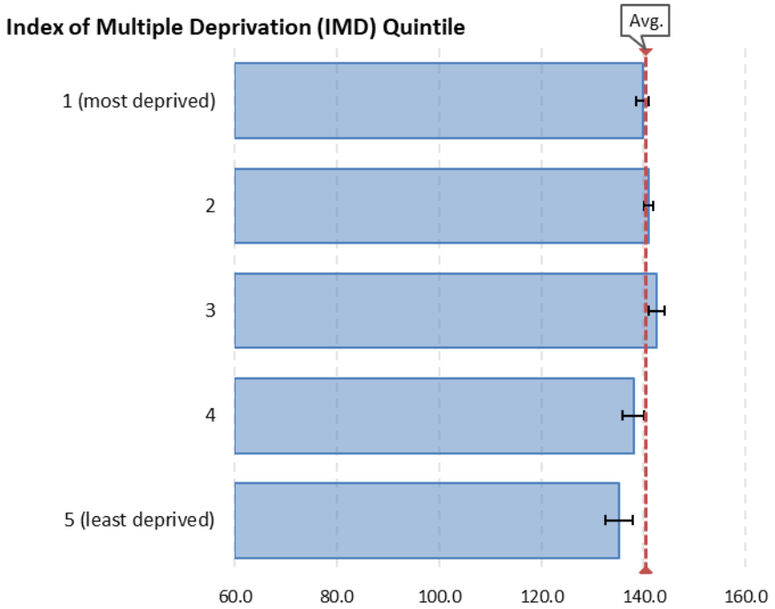
Wait times are 1.8 days longer for women than they are for men when viewed at Trust average level, and this difference is considered statistically significant. This is largely due to the high number of patients waiting for gynaecology services. This is an improvement from the previous report where a 4.7 days difference was observed.

When excluding gynaecology from the Trust average calculate, women are waiting 0.8 days fewer on average than men, and the difference is no longer statistically significant. This finding is consistent to what we have observed in previous reporting cycles, and national reports of long waits for gynaecology.

The NEL Planned Care Team are continuing to work with site leads to agree a solution for gynaecology services, and we are working with the Elective Recovery Board to reduce this disparity. At Royal London, we have seen a positive reduction in gynaecology waiting times since the introduction of the Women's Hub. Gynaecology is also one of the pilot areas for ODNs (Operational Delivery Networks) with a key part of their role reducing waiting times for patients.

Equity – Wait Times By Deprivation

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION



Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,218,920	30,172
2	7,919,234	56,180
3	2,843,818	19,952
4	1,425,661	10,326
5 (least deprived)	848,885	6,274

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	139.8	138.6	141.1	16-17
2	141.0	140.0	141.9	16-17
3	142.5	141.0	144.1	16-17
4	138.1	136.0	140.2	16-17
5 (least deprived)	135.3	132.6	138.0	16-17
Grand Total	**140.4**			**16-17**

Commentary

Patients from our most deprived postcodes are waiting on average 4.5 days longer than those from our least deprived postcodes, and this difference is statistically significant.

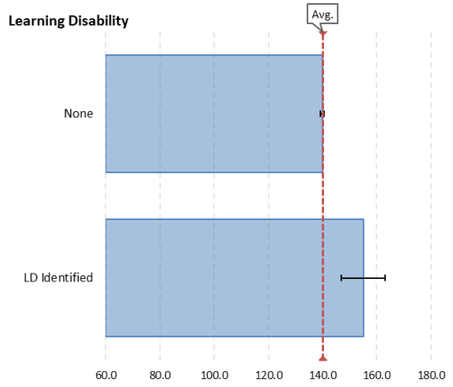
Median wait times are consistent across all levels of deprivation, suggesting the mean difference is skewed by longer waiters.

There are a number of factors contributing to this finding. One of which is a higher proportion of least deprived patients being seen at SBH, which has shorter average waits. We are also aware that non-attendance rates are typically higher in patients from deprived backgrounds, and we are working with outpatient leads to identify targeted interventions to support these patients. This finding also hasn't been observed in previous months and could reflect variation in our data, so we will continue to monitor closely.

Equity – Wait Times by LD

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION

All Specialties



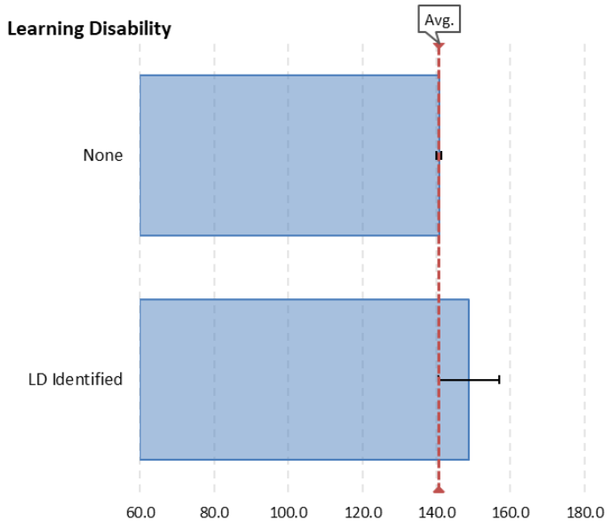
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	17,330,998	123,869
LD Identified	124,773	805

Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper	Median WW
None	139.9	139.3	140.5	16-17
LD Identified	155.0	146.8	163.2	20-21
Grand Total	**140.0**			**16-17**

All Specialties Without Restorative Dentistry



Commentary

Patients with an identified learning disability are waiting on average 15.1 days longer than those without a learning disability. This finding is statistically significant and has been consistently observed in previous reports.

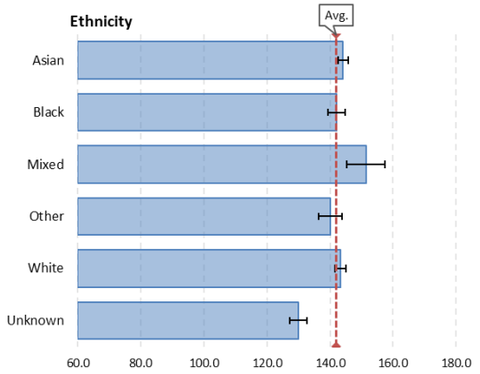
More than 12% of our LD waiting list is for Restorative Dentistry, of which they are experiencing an average wait of 198.9 days, much higher than the Trust average of 141.3 days wait. When excluding restorative dentistry from the average calculation, the difference in waits for LD patients is reduced to 8.1 days, and is no longer statistically significant.

We have escalated these findings through the Inclusion and Equity Board, and the Elective Recovery Board.

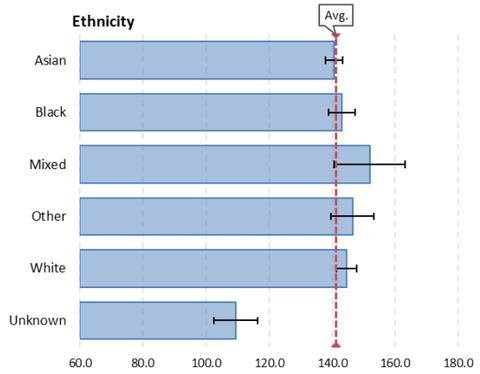
Equity - Wait Times By Ethnicity (Sites)

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION

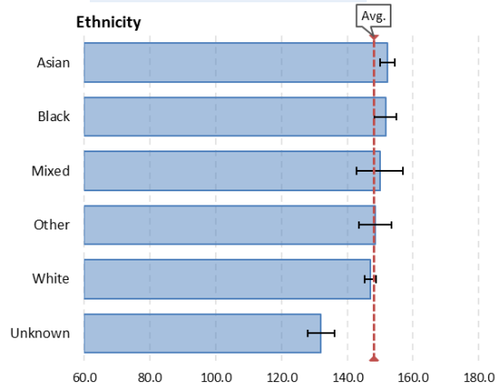
Royal London



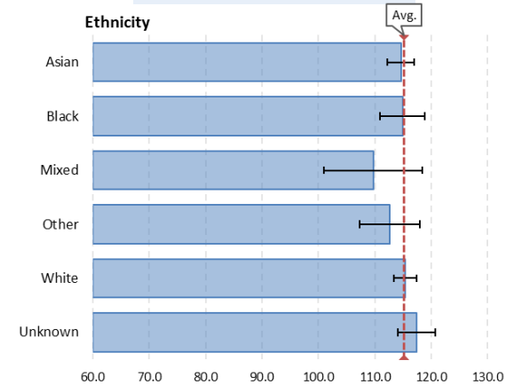
Newham



Whipps Cross



St Barts



Commentary

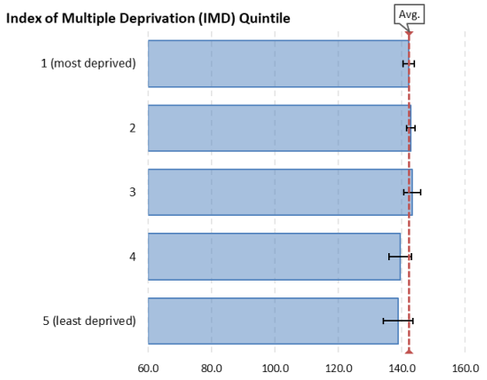
At Newham and St Barts, we observe no statistically significant differences in wait times by ethnicity. At Royal London, mixed ethnic category patients are waiting longer than white patients, and at Whipps Cross, Asian patients are waiting longer than White patients.

The disparities at Whipps Cross and the Royal London haven't been observed in previous reports, and may reflect fluctuations in the data. We will continue to monitor this trend closely.

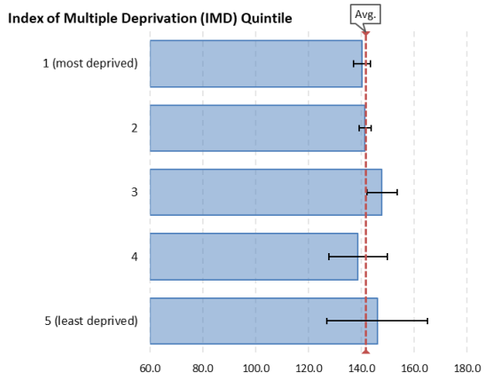
Equity – Wait Times By Deprivation (Sites)

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION

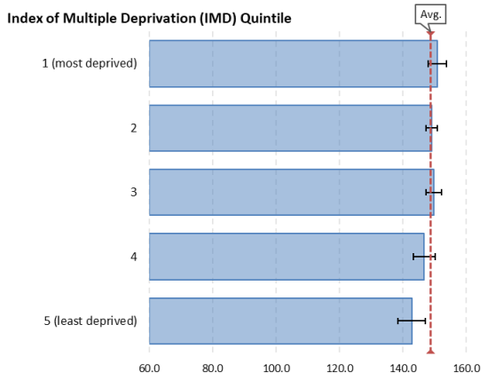
Royal London



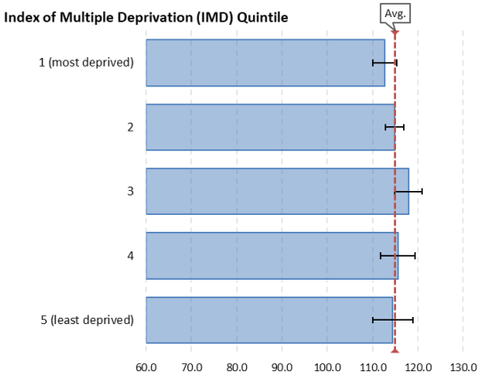
Newham



Whipps Cross



St Barts



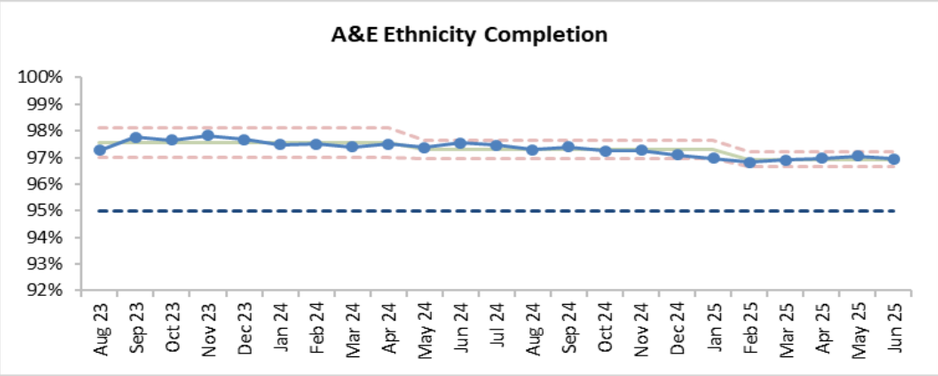
Commentary

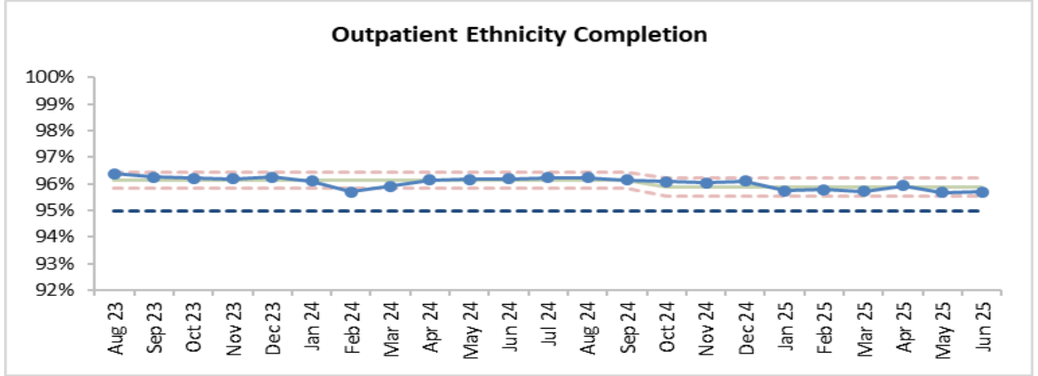
At Whipps Cross, patients from our most deprived postcodes are waiting significantly longer (8 days) on average than those from our least deprived postcodes. No other statistically significant findings are observed at our other hospital sites.

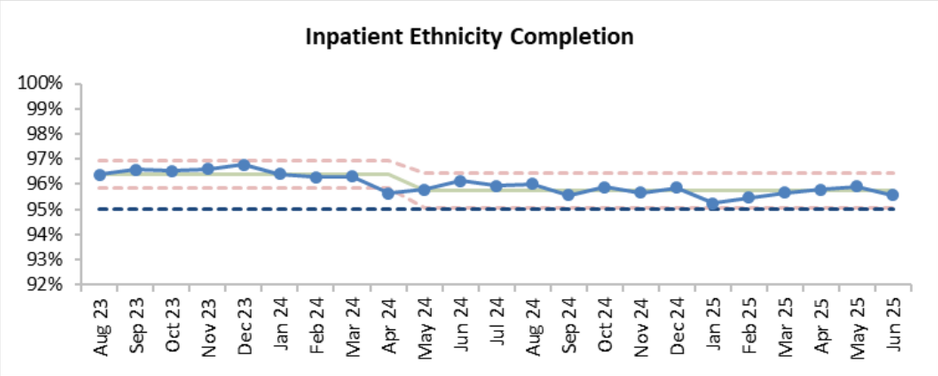
The difference in waits at Whipps Cross appears to be linked to a number of factors including longer waits on admitted pathways, as well as variation in waits across higher volume and long waits specialties. This finding hasn't been observed in previous reports and could also reflect variation in our data, so we will continue to monitor this finding.

Ethnicity Recording by Activity Type

IMPROVING EQUITY AND SUSTAINING STANDARDS: IMPROVE EQUITY OF ACCESS TO CARE FOR OUR POPULATION







Ethnicity Recording by Activity Type - % Completion - Jun-25

Site	A&E	Inpatient	Outpatient
Royal London	96.7%	93.9%	95.4%
Whipps Cross	96.7%	97.7%	97.1%
Newham	97.6%	98.4%	98.1%
St Bart's	-	94.9%	92.5%
Trust	**97.0%**	**95.6%**	**95.7%**

Commentary

At Trust level we are exceeding the 95% data capture for ethnicity target across all areas, with particularly strong performance of 97.0% in A&E. This performance is seen across all sites and services, except inpatient at Royal London which is marginally below target at 93.9%, and outpatient at St Bart's at 92.5%.

Ethnicity information is now uploaded periodically from available GP data to improve our capture. This has also retrospectively improved historic data from previous attendances and improved our overall data capture levels. Furthermore, the approach reduces the reliance on front line staff to meet the target.

There is some evidence of downward trend, although this is likely to be upwardly corrected in future GP data uploads.

Operational Data Summary

Elective Care

- For 2025/26 the NHS has set all Trusts the objective of improving elective care performance, with three Referral to Treatment (RTT) targets, for Barts Health these are, (1) increasing the number and proportion of patients waiting less than 18-weeks for a first outpatient appointment to 68.8% by March 26, (2) increasing the number and proportion of patients waiting less than 18-weeks from referral to first treatment to 60.3% by March 26, and (3) reducing the number and proportion of patients waiting longer than 52-weeks for first treatment to less than 1% by March 26.
- The Trust has set activity targets designed to deliver these improvements over the course of the year, for July 25 both non admitted and admitted activity trajectories were exceeded.
- For June 25, the Trust had the fifth largest RTT patient tracking list in England and the second largest in London.
- For July 25 the list contained 134,381 total pathways, 305 less than reported in June.
- At the end of July 25, the Trust recorded 424 pathways waiting 65+ weeks, 123 fewer than reported in June. The volume of 52-weeks pathways was 4,677, 217 fewer than reported in June.
- For July 25:
    - The Trust achieved the monthly 18-weeks wait for first outpatient appointment objective, recording 66.8% against the monthly trajectory of 65.8%
    - The Trust achieved the monthly 18-weeks wait for first treatment objective, recording 57.1% against the monthly trajectory of 53.5%
    - The Trust did not achieve the monthly 52-weeks objective, recording 3.5% against the monthly trajectory of 2.7%

Operational Delivery Networks

- Successful pilot within Gynaecology, Orthopaedics and Urology for phase 1. Phase 2 launching in September in ENT, Endoscopy and Respiratory.
- Away day planned for 29th September to review phase 1 achievements, and 12-month strategy. Launch phase 2 linking to Group strategy, NHSE ten-year plan and clinical research.
- Cost improvements identified in Gynae and Orthopaedics, with the other ODNs developing further cost savings during September.

Diagnostics

For June 25, Barts Health recorded the fourth largest Diagnostic Patient Tracking list in England and the second largest in London. As a proportion of the Patient Tracking List, Barts Health had the 11th highest proportion of 6+ week waiters out of 17 acute Trusts in London and was ranked second lowest out of the top 10 English acute Trusts (ranked by Patient Tracking List volume). For July 25, a performance of 77.2% was recorded, with a mean of 75.5%.

Cancer

For 2025/26 the NHS has set two headline cancer standards for all Trusts, (1) improving performance against the 28-day Faster Diagnosis Standard to 80% by March 26, and (2) improving performance against the 62-day standard to 75% by March 26.

- In June 25, the Trust achieved both the monthly Aggregate Faster Diagnosis objective, as well as the March 26 target, recording a performance of 80.9% against the monthly trajectory of 74.1% and the year-end target of 80%.
- While no longer a national objective, during June 25, the Trust achieved the Aggregate 31-day Decision to Treat standard, recording a performance of 98.5% against the previous 96% standard, this is the ninth consecutive month the standard has been achieved.
- For June 25, the Trust achieved the monthly Aggregate 62-day objective, recording a performance of 72.8% against the monthly trajectory of 67.8%.

Urgent & Emergency Care

- For 2025/26 the NHS has set all Trusts the objective of delivering an A&E 4-hour performance standard of 78% by March 26.
- For July 25, Barts Health recorded the second highest volume of A&E attendances of any Trust in England and the highest volume in London. In terms of performance against the 4-hour standard, the Trust was ranked 15th out of 17 acute Trusts in London and was ranked 6th out of the top 10 English acute Trusts (ranked by volume of attendances).
- In July 25 the Trust achieved the monthly 4-hour objective, recording a performance of 73.4% against a monthly trajectory of 72.8%.
- In July, 45,493 attendances were recorded, 566 more than the 44,927 recorded in June 25 (+1.3%).
- The proportion of patients with an A&E 12-hour journey time was 6.8% in July against a mean of 8.1%, with the national expectation that this should be a reducing trend. Barts Health is currently ranked in the 9th decile nationally on this metric benchmarked against all other acute Trusts, the same performance as last month.

Domain Scorecard

Performance							Site Comparison				
Metric	This Period	Standards	Latest Value	Mean	This Period Assurance	Variation	Royal London	Whipps Cross	Newham	St Bart's	Data Quality
% RTT patients waiting 52 weeks or more	Jul-25 (m)	<=2.7%	3.5%	3.1%	Hit & miss Standard	Concern	4.5%	4.1%	2.6%	0.1%	
% RTT patients waiting < 18 Weeks for first attendance	Jul-25 (m)	>=65.8%	66.8%	62.4%	Achieving standard	Improvement	66.1%	62.6%	70.2%	73.4%	
% RTT patients waiting no longer than 18 weeks for treatment	Jul-25 (m)	>=53.5%	57.1%	55.4%	Achieving standard	Improvement	56.5%	54.2%	57.6%	63.4%	
65+ Week RTT Breaches	Jul-25 (m)	0	424	365	Not achieving standard	No Significant Change	331	71	22	-	
Diagnostic Waits Over 6 Weeks	Jul-25 (m)	>=78.3%	77.2%	75.5%	Hit & miss Standard	No Significant Change	69.7%	91.0%	78.0%	93.3%	
Cancer 28 Day FDS Aggregate	Jun-25 (m)	>= 74.1%	80.9%	75.9%	Achieving standard	Improvement	71.4%	80.1%	88.6%	80.9%	
Cancer 31 Day Aggregate	Jun-25 (m)	>= 96.6%	98.5%	95.8%	Achieving standard	Improvement	95.6%	96.7%	100.0%	99.7%	
Cancer 62 Days Aggregate	Jun-25 (m)	>= 67.8%	72.8%	65.6%	Achieving standard	Improvement	62.3%	79.6%	83.3%	69.4%	
A&E 4 Hours Waiting Time	Jul-25 (m)	>= 72.8%	73.4%	70.2%	Hit & miss Standard	Improvement	76.8%	67.9%	73.7%	-	
A&E 12 Hours Journey Time	Jul-25 (m)	-	6.8%	8.1%	-	No Significant Change	5.6%	10.5%	5.1%	-	
Ambulance Handover - Over 60 mins	Jul-25 (m)	-	102	134	-	No Significant Change	32	42	28	-	
Ambulance Handover - Over 30 mins	Jul-25 (m)	-	2,192	2,241	-	No Significant Change	707	780	705	-	

* Mean represents the average value for the latest stable SPC period"

Performance Matrix

Variation	Assurance: Achieving standard	Assurance: Hit and Miss	Assurance: Not Achieving standard
Improving	Cancer 28 Day FDS Aggregate Cancer 31 Day Aggregate % RTT patients waiting < 18 Weeks for first attendance % RTT patients waiting no longer than 18 weeks for treatment	A&E 4 Hours Waiting Time	
No Change	Cancer 62 Days Aggregate	Diagnostic Waits Over 6 Weeks	65+ Week RTT Breaches
Deteriorating	-	% RTT patients waiting 52 weeks or more	

Summary Narrative:

Five measures are consistently achieving their target:

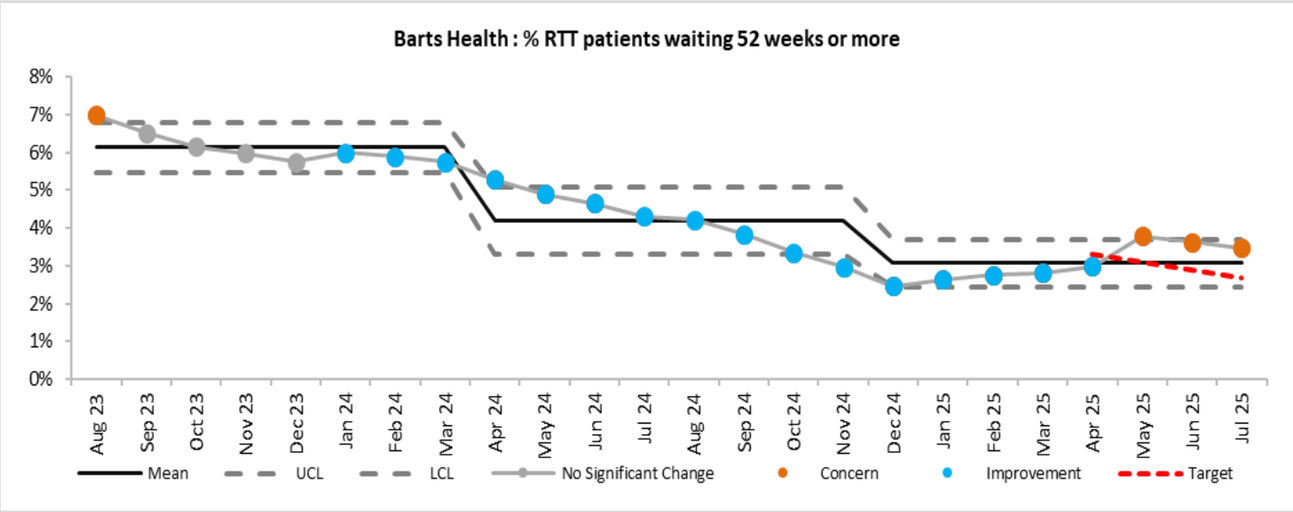
% RTT patients waiting < 18 weeks for first attendance (Improving)
% RTT patients waiting no longer than 18 weeks for treatment (Improving)
Cancer 31-Day Aggregate (Improving)
Cancer 28-Day FDS Aggregate (Improving)
Cancer 62-Day Aggregate (no change)

Three measures are not consistently achieving their targets (Hit and Miss):

% RTT patients waiting 52 weeks or more (Deteriorating))
Diagnostic Waits Over 6 Weeks (no change)
A&E 4-Hour Waiting Time (Improving)

One measure is consistently missing the target:
65+ Week RTT Breaches (No Change)

% RTT patients waiting 52 weeks or more



Indicator Background:

For 2025/26 the NHS has set a renewed focus on improving compliance with the 18-weeks Referral to Treatment standard. Additionally, as long waiting backlog has been reduced across 104, 78 and 65 week waits there is also a renewed focus on reducing 52-week waiters. By March 26 the NHS has set an expectation that no greater than 1% of the total waiting list will be waiting over 52 weeks.

What are the Charts Telling us:

The chart is telling us that across the period August to December 23 there is no significant change in the volume of 52-week waiters, with a reduction (improving trend) visible between January 24 to April 25, however an increased volume (triggering a concerning trend)) is then visible in the data across May to July 25. The increased volume of 52-week waiters relates solely to the implementation of the new LUNA patient tracking list technology during May 25, thereby resolving several data quality issues.

Trust Performance Overview

The volume of 52-weeks pathways was 4,677 at the end of July 25, 217 fewer than reported in June. The volume of 52-week waiters equates to 3.5% of the total waiting list.

Trust Responsible Director Update

- The key specialties driving breaches are Vascular, Oral Surgery, ENT and Gynaecology. All four specialties are below plan, with the furthest from plan being vascular, it is anticipated this will improve with completion of the retrospective clinical triage. The volume of breaches in the august weekly submissions shows we are 1.2% adverse against august plan set at 2.5%.

- For July 2025, most specialties are reporting static performance in this metric although Vascular and oral surgery are expected to improve performance with the clinical triage in vascular and the improvements in diagnostic reporting in oral surgery. General/colorectal surgery will benefit from planned improvement working within Endoscopy and mapping their demand and capacity. Paediatric dermatology has been impacted due to sickness absence, a service review looking at demand is underway and options to mitigate further deterioration and address the adverse performance from plan has commenced led by RLH.

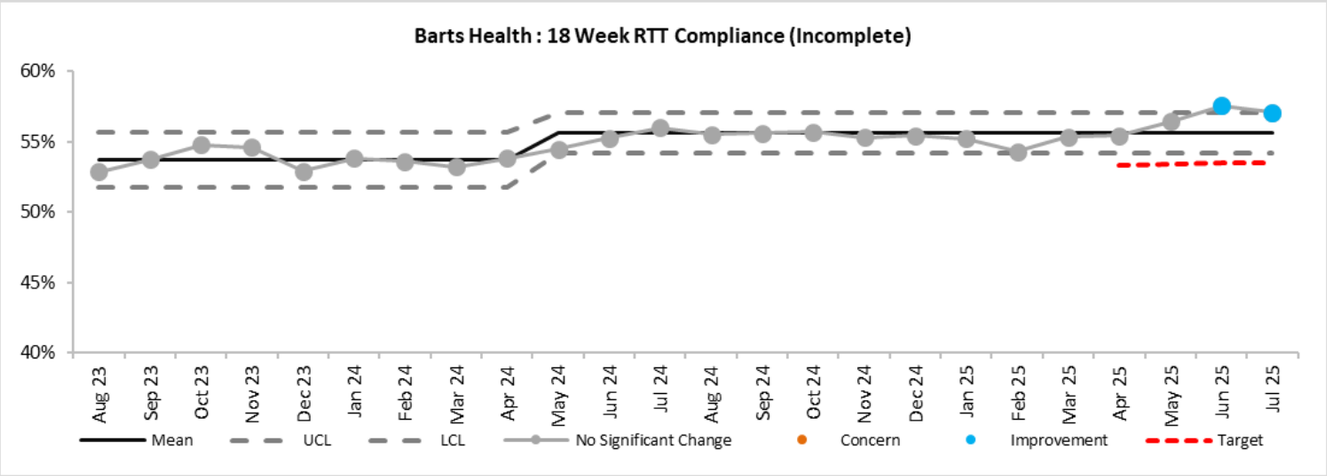
- Insourcing capacity continues to support high volume, low complexity pathways in vascular surgery, ENT and Oral Surgery. Gynaecology commenced at the end of August and will support low waits tipping into 52 weeks throughout September until the contract ceases. Insourcing capacity has benefited the specialties and it is anticipated with deep dive actions progressing in the high-risk specialities the withdrawal of insourcing will not impact 65 week performance.

- Demand management reviews have been completed in Vascular, ENT and Oral Surgery. Each speciality has a short and medium-long term plan describing key interventions to support 65-week breach clearance in line with September clearance plans and describes the strategic approach to tackling longer term challenges with demand, capacity and workforce mis-match.

• Deep dives are commencing in Respiratory, which will be presented to the regional and national performance team, followed by gynaecology and paediatric dermatology.

18 Week RTT Compliance (Incomplete)

INCREASING PERFORMANCE AND PRODUCTIVITY – ELECTIVE CARE



Indicator Background:

For 2025/26 the NHS has set a renewed focus on improving compliance with the 18-weeks Referral to Treatment standard. Requiring an improvement in the percentage of patients waiting no longer than 18 weeks from referral to treatment to 65% nationally by March 2026, with every Trust expected to deliver a minimum 5 percentage point improvement, for Barts Health the March 26 objective is 60.3%.

What are the Charts Telling us:

The chart is telling us that performance is operating within a relatively tight range of between 53% and 57%. Almost the entire data range, August 23 to May 25 represents a period of no significant change. However, May and July 25 improved performance relates to the implementation of the new LUNA patient tracking list technology, thereby resolving several data quality issues.

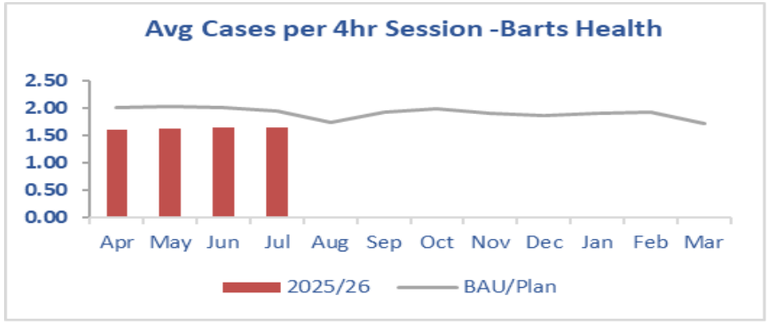
Trust Performance Overview

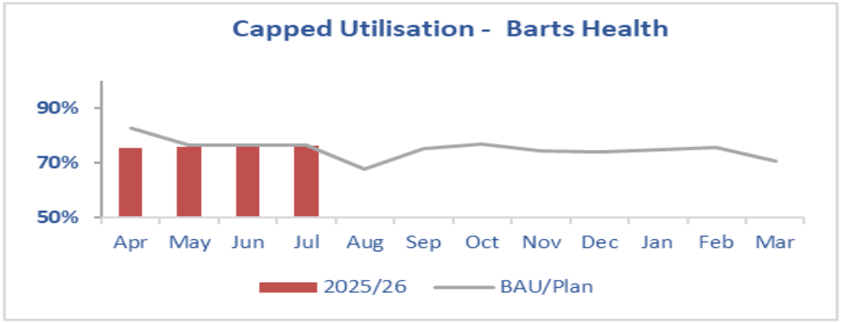
The Trust achieved the monthly 18-weeks wait for first treatment objective in July, recording 57.1% against the monthly trajectory of 53.5%

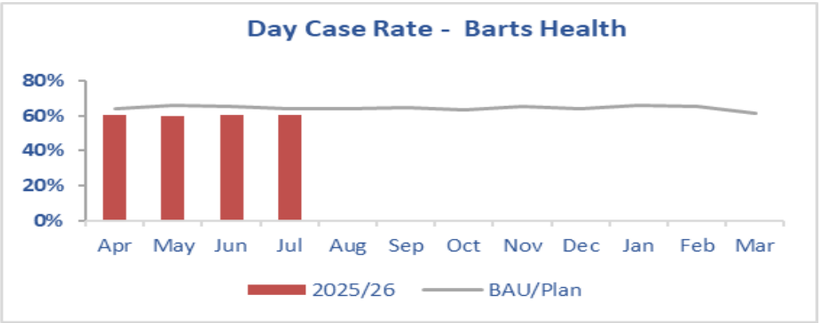
Trust Responsible Director Update

- The Trust is ahead of trajectory and showing positive improvement in this standard. Improvement has been observed in all specialities with only respiratory being 1.6% adverse to their plan. This is now the only non-complaint speciality based on the latest august data.
- The Trauma and Orthopaedic Operational Delivery Network (ODN) has launched a single point of access for lower limb pathway and are looking to expand the spa model across further sub-specialties in orthopaedics. The ODN is established and working collectively across the Group to address sub-speciality demand and capacity challenges.
- Respiratory Medicine will benefit from a similar approach in the development of an ODN. As this approach is developed across the Group the ongoing support maintained across SBH to validate and deliver earlier access to sleep studies for WXH patients will be crucial to improve performance in this service. A deep dive has been commissioned which will be presented to regional and national colleagues through the tiering process in mid-September.

Theatre Utilisation







Theater Efficiency Activity

		Barts Health						Last Month's Site Position			
		Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.59	1.60	1.60	1.63	1.65	1.65	1.50	2.28	2.04	1.08
	BAU	1.90	1.94	1.72	2.03	2.01	1.96	1.92	2.71	2.42	1.02
	Mth variance plan	*-0.31*	*-0.34*	*-0.12*	*-0.40*	*-0.36*	*-0.31*	*-0.41*	*-0.43*	*-0.39*	*0.06*
Capped Utilisation	Actuals	74.6%	75.2%	75.4%	75.8%	76.1%	76.4%	77.0%	70.2%	77.0%	81.7%
	BAU	74.9%	76.0%	71.1%	76.4%	76.5%	76.7%	76.6%	76.4%	74.6%	78.1%
	Mth variance plan	-0.2%	-0.8%	4.3%	-0.6%	-0.3%	-0.3%	0.4%	-6.2%	2.3%	3.6%
Day Case Rate	Actuals	59.3%	59.4%	59.0%	60.0%	60.6%	60.6%	61.7%	70.8%	70.1%	20.1%
	BAU	66.1%	65.6%	61.2%	65.9%	65.7%	64.2%	65.5%	76.3%	70.9%	13.6%
	Mth variance plan	-6.8%	-6.2%	-2.2%	-5.9%	-5.1%	-3.6%	-3.8%	-5.4%	-0.8%	6.5%

Data as at 20/08/2025

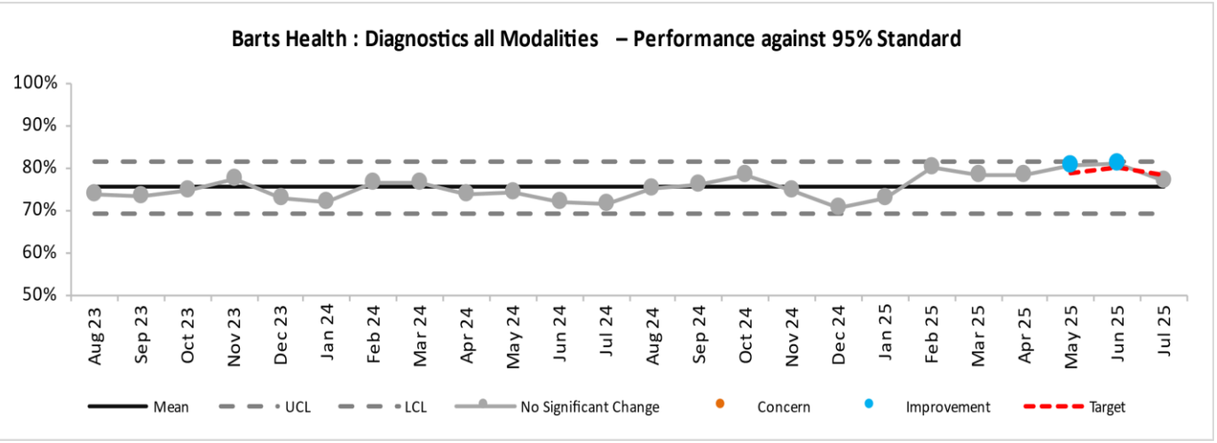
Performance Overview

- Set against internal Trust data for July, 1.65 cases per list were achieved against a BAU of 1.96 (-0.31%).
- For the same month, a capped utilisation rate of 76.4 was recorded, against a BAU of 76.7% (-0.3%) with a day case rate of 60.6% recorded against a BAU of 64.2% (-3.6%).
- Average cases per list have remained stable over the last 6 months and continue to track below the 19/20 BAU average. However, this has not impacted negatively on theatre utilisation, which for the period March to July 25 remains above 75%. Day case rates are stable at around 60%. This is lower than 19/20 BAU levels, increasing case complexity and a shift from day case to outpatient procedures influences comparison with 19/20 BAU.

Responsible Director Update

- The Central BIU team have commenced a theatre data improvement programme and are aligning theatre reporting internally to Model Health System metrics. This has included worked with theatre staff at each hospital to improve data entry and correct data quality errors. In the first few weeks of the project, data quality errors have been significantly reduced across all four hospitals. Work continues to embed best practice data entry and ensure improvement can be sustained without the on-site support of the clinical coding and data quality team.
- A Group theatres improvement programme has commenced with focus on enhancing pre-assessment and scheduling processes across Barts. The programme is also following Right Pathway of Care recommendations and looking to move procedures outside theatres, starting with gynaecology and urology. To support this programme, a booking and scheduling working Group is being established across the Trust and will hold its first meeting in September. This will bring together service managers to implement standard operating procedures for booking and scheduling across the organisation and share best practice.
- Changes to referral criteria for surgical intervention from varicose veins have been agreed with NHSE and the North East London ICB. The new referral criteria were implemented at the end of July. A new single point of access has been established for Barts Health, which will triage and manage all referrals into the organisation.
- The ENT delivery Group will review and oversee the distribution of surgical activity across Barts Health to ensure we optimise our theatre capacity to reduce our admitted waiting list.
- Whipps Cross Hospital is engaged in the NHSE surgical hub accreditation process. Evidence for the accreditation submission is being gather during September, with an accreditation visit planned for October.

Diagnostic Waits Over 6 Weeks



Trust Performance Overview

- For June 25, Barts Health recorded the fourth largest Diagnostic Patient Tracking list in England and the second largest in London. As a proportion of the Patient Tracking List, Barts Health had the 11th highest proportion of 6+ week waiters out of 17 acute Trusts in London and was ranked second lowest out of the top 10 English acute Trusts (ranked by Patient Tracking List volume).
- For July 25, a performance of 77.2% was recorded, with a mean of 75.5%.
- Diagnostic waiting time performance has been steadily improving across the Barts Health Group since December, however, there has been a drop in performance in July compared to the previous 3 months.
- For July 2025, 77.17% received diagnostic tests within 6 weeks, this remains just above the mean position of 75.5%.
- The diagnostic waiting list increased in July to 34,822 have remained relatively stable at around 31,000 for the previous 3 months.
- National benchmarks for diagnostic waiting lists are available for June 2025. Barts had the 2nd highest diagnostic waiting list in England and the 4th largest in England.
- In June, as a proportion of the Patient Tracking List, Barts Health had the 11th highest proportion of 6+ week waiters out of 17 acute Trusts in London. DM01 performance for Barts Health is ranked 2nd against the top 10 acute Trusts with the largest waiting lists in England.

Indicator Background:

During the period when Referral to Treatment was being introduced across the NHS three key stages of treatment were identified, each to take no longer than six weeks, 18 weeks in total. The three key stages of treatment were:

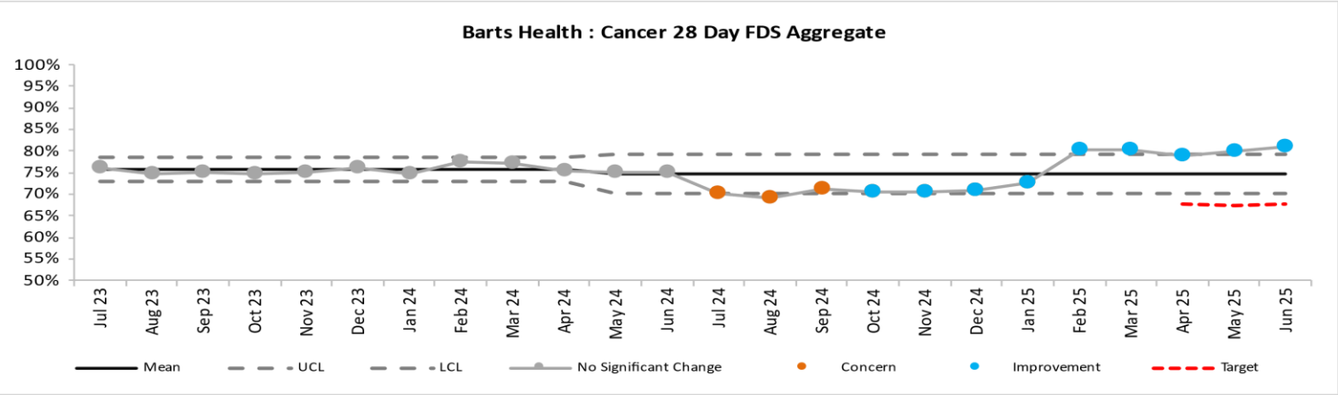
1. Outpatient Pathway
2. Diagnostic pathway
3. Admitted pathway

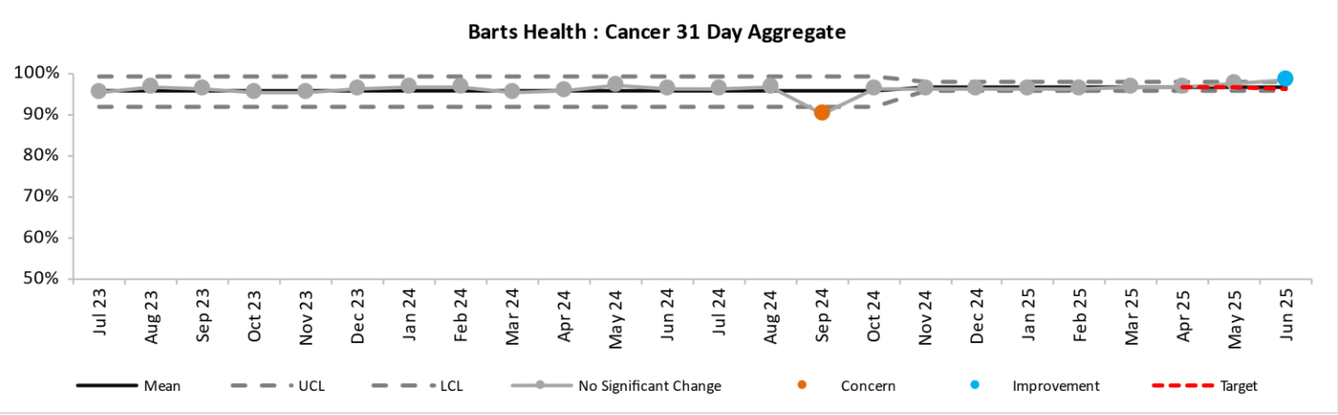
As part of the drive to reduce overall waiting times a 6-week maximum wait was set to receive a diagnostic test following referral for a test with an operational standard set of 99% of patients receiving their test within 6-weeks. The standard applies to a basket of 15 diagnostic modalities across imaging, endoscopy and physiological measurement. As part of the Covid pandemic recovery process a target of 95% was set across the NHS to be achieved by March 2025. No national standard has been set for 2026/27.

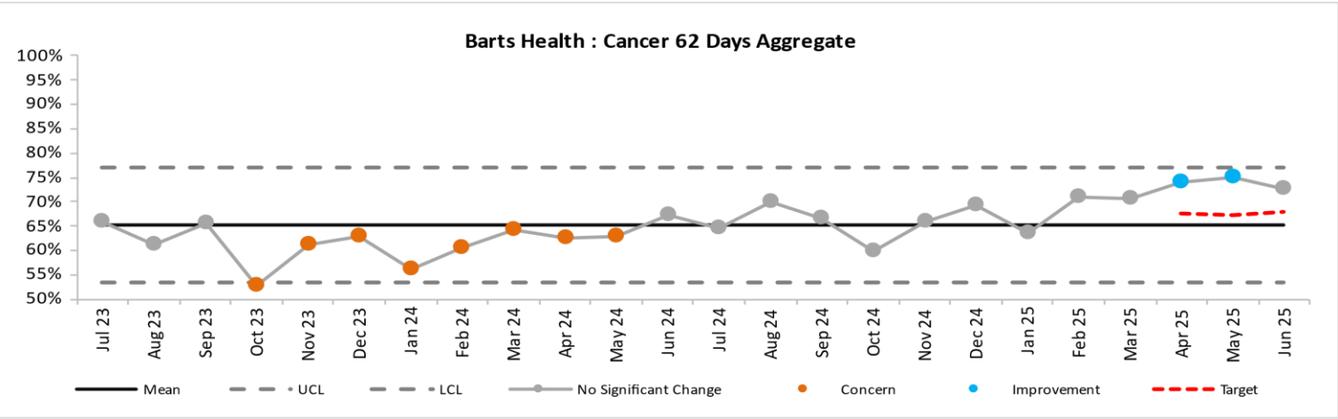
What is the Chart Telling us:

The chart presents a relatively narrow range of performance variability for the period August 2023 to July 2025, with performance operating just above or below the mean, in effect operating within a 10% band from 70% to 80%. In statistical process control terms, there is no significant change across the entire date range, apart from an improving trend recorded across May and June 25, however a reduction in performance from 81.0% to 77.2% (-3.8%) was recorded between June and July 25.

Cancer Waiting Times Standards







The national targets Trusts will be measured against for Cancer performance in 2025/26 are:

- 80% 28-day Faster Diagnosis Standard (FDS) aggregate by March 2026
- 75% 62-day treatment aggregate by March 2026

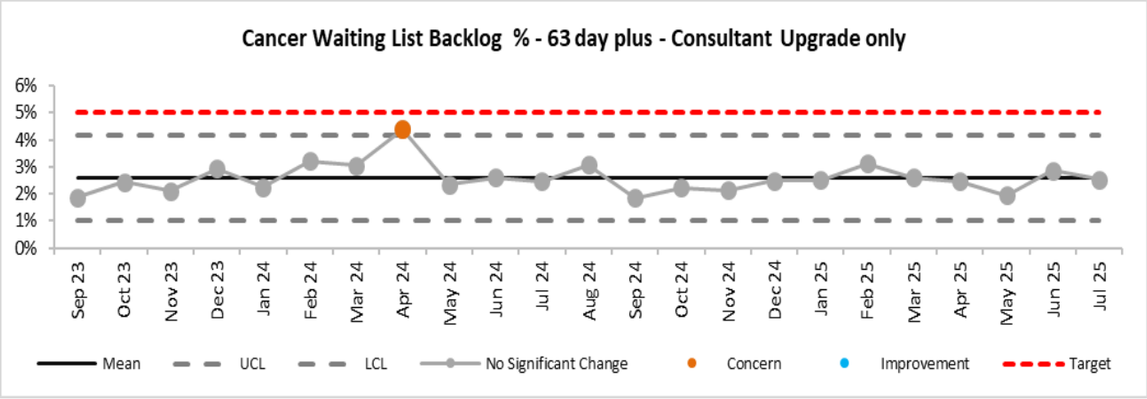
- In June 25, the Trust achieved both the monthly Aggregate Faster Diagnosis objective, as well as the March 26 target, recording a performance of 80.9% against the monthly trajectory of 74.1% and the year-end target of 80%. The Trust position benchmarked against other London providers was 9/20. The aggregated Q1 performance on FDS is 80.1. North East London were the 2nd best Cancer Alliance in England with an aggregated performance of 80.7%.

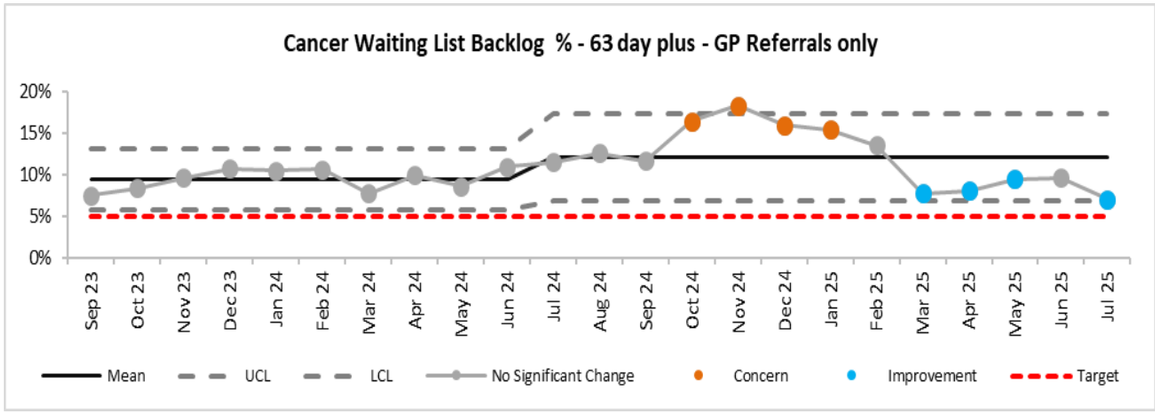
- While no longer a national objective, during June 25, the Trust achieved the Aggregate 31-day Decision to Treat standard, recording a performance of 98.5% against the previous 96% standard, this is the ninth consecutive month the standard has been achieved. The Trust position benchmarked against other London providers was 9/21. The aggregated Q1 performance on 31 day was 98%. North East London were the best performing Cancer Alliance in England with an aggregated performance of 98.4%.

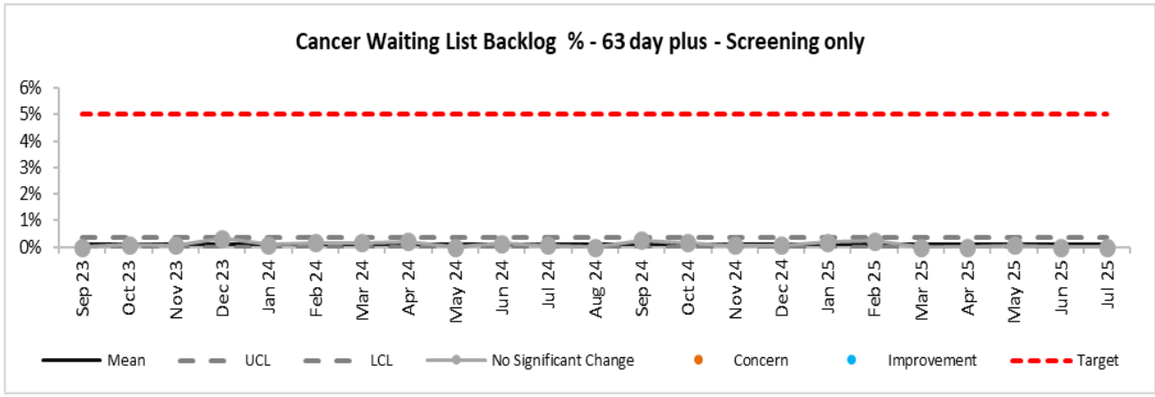
- For June 25, the Trust achieved the monthly Aggregate 62-day objective, recording a performance of 72.8% against the monthly trajectory of 67.8%. The Trust position benchmarked against other London providers was 12/21. The aggregated Q1 performance for 62 days was 73.8%. North East London were the 3rd best performance Cancer Alliance in England with an aggregated performance of 73%.

- The most recent submission backlog position (w/e 24.08.25) was 6.79%. Work has been undertaken on modelling a trajectory to achieve and sustain a backlog of 5%. This is being discussed via the Drive to 85 meeting to understand risk and mitigating actions required.

Cancer 63 Day Plus Waiting List Backlog %







Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer or urgently referred from a cancer screening programme or by a consultant upgrading the urgency of the referral should be treated within 62 days. Managing a reduction in long waiting 63-104+ days pathways is key to improving outcomes for patients and waiting times overall.

What is the Chart Telling us:

The three charts break out 104-day backlog for GP referrals as well as for Consultant Upgrade and Screening referrals. One of the charts, Screening referrals (bottom chart), presents effectively zero or single figure breaches (0% as a proportion of the waiting list), meaning there has been virtually no backlog recorded over the course of the charts time-series.

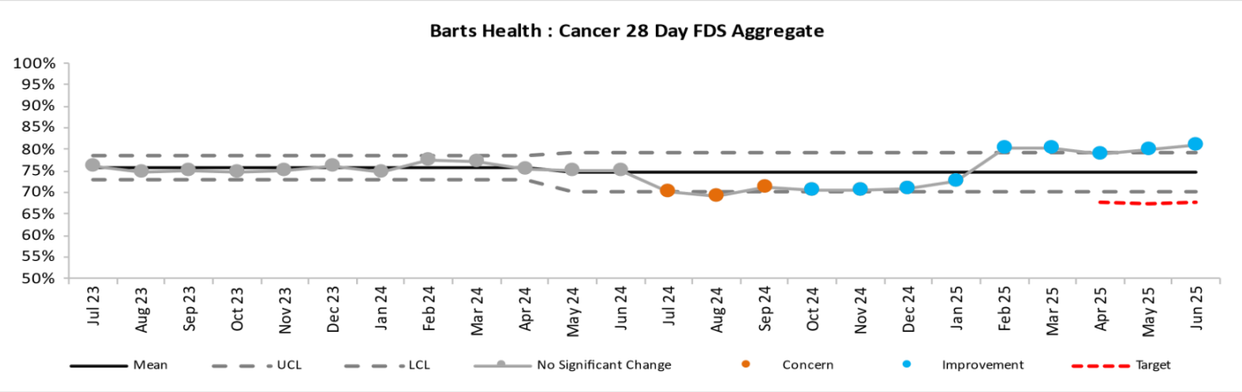
However, despite Consultant Upgrade breaches (top chart) being maintained at a relatively low volume and proportion over the course of the chart's time series there was a cause for concern increase in the volume of backlog recorded across the period February to August 24, However, between September 24 and June 25 there has been no significant change with backlog stable, but not reducing, at circa 1% of the waiting list.

For GP referrals (middle chart), there is an improving trend across the period September 23 to July 24, however this is followed by an increase in backlog and three data points of concern across November 24 and January 25, however a reduction then follows between February and April 25 with slight increases recorded in May and June 25.

Trust Performance Overview

- The charts opposite represent the 448 cancer patients waiting longer 63-days at the end of July 2025, a reduction of 20 against the June 2025 position of 468. Of the 448, 120 of the patients are waiting over 104+ days.
- The charts present the number of patients waiting by GP referrals (329), Consultant Upgrade (113) and Screening service referrals (6).
- In July 2025, the specialties with the highest number of patients waiting longer than 63-days were; Urology (126), Head and Neck (63), Gynae (84) and Colorectal (60).
- A deep dive is planned for Urology during September 2025 given the service consistently has the highest number of pathways > 63 days. The aim is to understand what actions are required to drive improvement across the 3 cancer waiting time standards.

Cancer Faster Diagnosis Standard Metrics (FDS)



Trust Performance Overview

In June 25, the Trust achieved both the monthly Aggregate Faster Diagnosis objective, as well as the March 26 target, recording a performance of 80.9% against the monthly trajectory of 74.1% and the year-end target of 80%.

Indicator Background:

The 28-day Faster Diagnosis standard requires at least 77% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, to have cancer ruled out or receive a diagnosis within 28 days.

The 28-day Faster Diagnosis standard replaced the former 2-week to first appointment standard and is considered a better measure for clinical care and patient experience. The two-week wait target simply measured the time from referral to seeing a specialist, it did not measure waiting times for diagnostic tests, results reporting and for the patients to be told whether or not they have cancer. However two-week waiting times continue to be reported to the NHS and are included on a later slide.

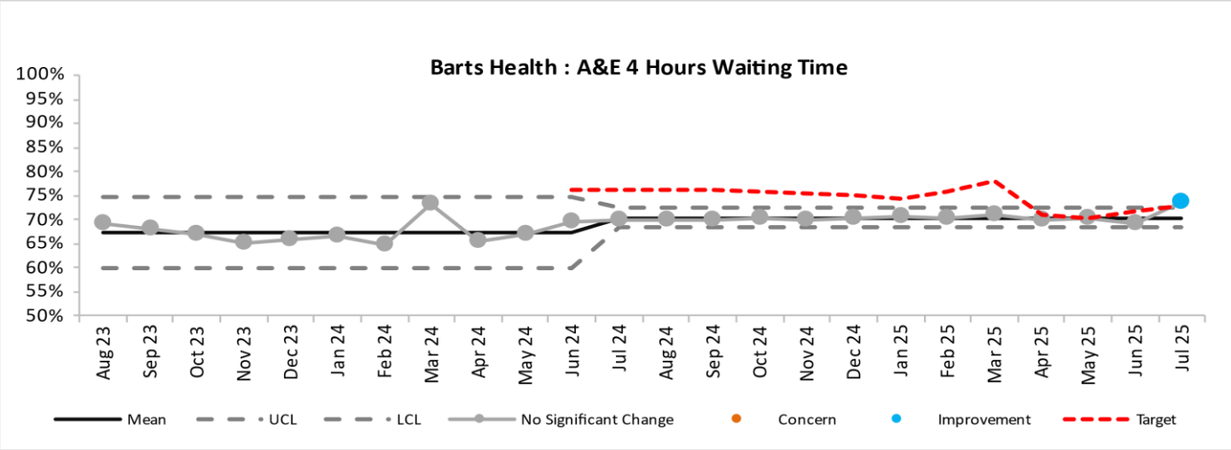
What is the Chart Telling us:

The chart presents two significant periods, July to September 2024 where reducing performance triggered a concern, and October 2024 to June 2025 where performance recorded an improving trend, particularly from February 2025. For most of the time series performance operates within an extremely tight margin of between 65% to 80%, a 15% band. However, for the period February to June 25 performance pushes up to 80%. 80% is the March 26 national objective with this threshold achieved across February, March, May and June 25, with a performance of 79.0% recorded in April 25.

Trust Responsible Director Update

- The Trust continues to maintain the improved FDS performance that was observed from Q4 2025/26. The aggregated performance for Q1 2025/26 was 80.1% which was above the Trust submitted trajectory and above the year end national target of 80% by March 2026. The final July 2025 position will be submitted by 03.09.25. Current provisional position on FDS is 80.7%.
- In June 2025, the performance position at each hospital for FDS was; 97.7% SBH, 80.1% WX, 88.6% NUH, 71.4% RLH. The position for RLH continues to improve driven by additional senior governance and oversight of pathways, improvement in time to first appointment within Head and Neck as well as continued improvement within Colorectal and Gynae. The provisional July 2025 position for RLH is 77.1%.
- Urology as a speciality remains the lowest in performance on FDS at 52.5% in July 2025. An initial deep dive conversation with MDT leads is planned for w/c 01.09.25 to understand what actions can be taken to drive improvement.
- The Rapid Diagnostic clinic at RLH closed to new referrals as of 26.08.25. Communication has been shared with GPs along with guidance around routes of referrals for patients that may have been referred under this service. Conversations are ongoing with the Cancer Alliance to consider the wider NEL position around RDC and management of non specific symptoms pathways.
- The ODN has a sub-group focussing on Hysteroscopy, this group is presenting its Improvement Plan On a Page (IPOP) to the board in September to agree short, medium and long-term goals.

A&E Performance against 4 Hour Waiting Time



Indicator Background:

The A&E four-hour waiting time standard requires patients attending A&E to be admitted, transferred or discharged within four hours. From 2010 the four-hour A&E waiting time target required that at least 95% of patients were treated within four-hours. As a consequence of the impact of the Covid pandemic, during December 2022 an intermediary threshold recovery target of 76% was set to be reached by March 2024 with further improvement expected in 2024/25, now set at 78% by March 2025, the 78% target has also been set for March 26. Fundamentally the four-hour access target is a clinical quality and patient experience measure.

What is the Chart Telling us:

Over the course of the time series performance against the 4-hour standard has been consistent, operating within a relatively narrow range of 65% to 75%, with most of the data points operating just on or close to the mean of 70%. The highest performance during the time-series is recorded in March 24.

During April 24 performance reduced significantly against March's exceptionally high performance, with a new patient administration module deployed at this time, however for the period June 24 to June 25 there is no significant change, however the final data point (July 25) records an improvement.

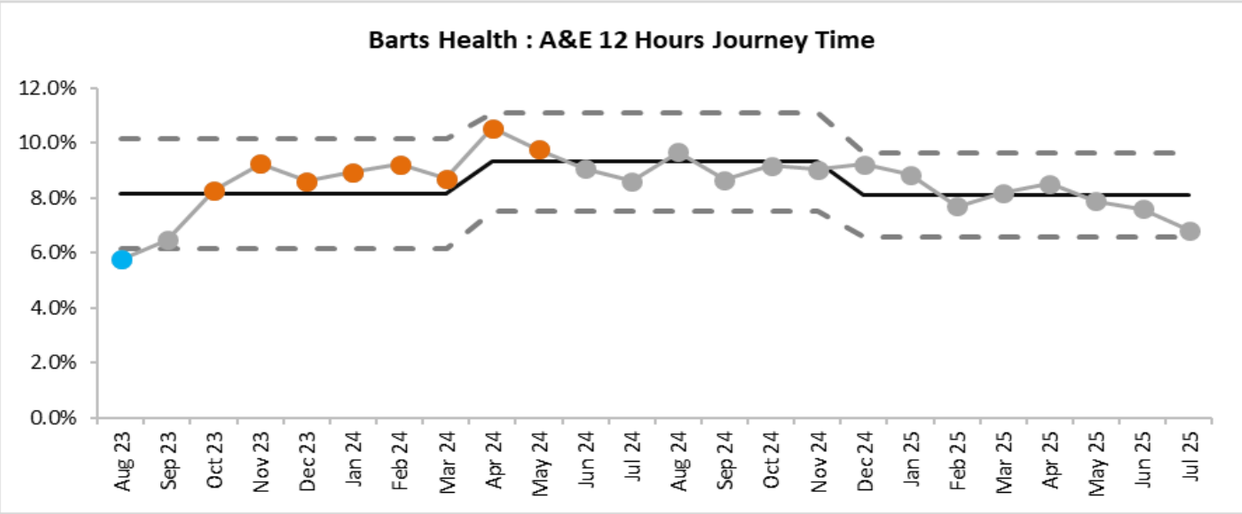
Trust Performance Overview

- For July 25, Barts Health recorded the second highest volume of A&E attendances of any Trust in England and the highest volume in London. In terms of performance against the 4-hour standard, the Trust was ranked 15th out of 17 acute Trusts in London and was ranked 6th out of the top 10 English acute Trusts (ranked by volume of attendances).
- In July 25 the Trust achieved the monthly 4-hour objective, recording a performance of 73.4% against a monthly trajectory of 72.8%.
- In July, 45,493 attendances were recorded, 566 more than the 44,927 recorded in June 25 (+1.3%).

Trust Responsible Director Update

- **Overall Trust performance:** In July Trust performance was 73.39**%**, a stable position Trust wide with the Trust ranked 15 out of 17 London reporting Trusts on the four-hour standard, and 6/10 nationally for performance of the largest. A&Es in the country. In July Barts Health saw the second highest number of A&E attendances in England.
- **UTC performance:** Type 3 performance improved to 92.61%. NUH saw the largest improvement to 92.34% and RLH seeing an improvement to 90.78%, WXH maintained high performance at 99%. The significant improvement in UTC performance at NUH has been as a result of operational oversight.
- **Type 1 Admitted performance:** Type 1 admitted performance stayed improved in July by 3.6% to 19.3%, with WXH at 10.7%, NUH at 16.5% and RLH at 28.4%. Our admissions also increase in July by 143 compared to June, however remain lower than July 24.
- **Type 1 Non-admitted performance:** Type 1 Non admitted performance for the Trust was 66.0% 4.3% up on June. This was driven by significant improvements at both NUH (+6.5%) and RLH (+7.4%) with WXH remaining fairly static.
- **Attendances**: In July we saw 45,493 attendances. Type 1 non-admitted attendances remain our highest number of attendances, and our front door teams are focussing on alternative pathways to redirect this Group of patients.
- **Ambulances:** We continue to see an increase in Ambulance activity across our Hospitals. In July across the Trust 64.30% of ambulances were handed over within 30 minutes, this is an improvement on June by 2.48%. This equates to 236 more patients being handed over within 30 minutes in July compared to June. We continue to work with system partners to support redirection of our non-admitted patients who arrive by ambulance.

A&E 12 Hrs Journey time



Indicator Background:

12-hours journey time measures the elapsed time from the moment a patient attends A&E to the time they are admitted, discharged or transferred. As such the standard is referred to as the "total journey time" as it measures all elements of the patients journey regardless of whether or not they require admission.

The standard is designed to measure and improve patient experience and clinical care. As such it is a key performance and safety metric with the Royal College of Emergency Medicine noting a correlation of long waits in A&E's to potential patient harm and clinical outcomes.

What is the Chart Telling us:

The chart presents considerable data-variability above and below the mean, however there is a period of increasing journey times, triggering a concern, between October 23 to May 24 with an increasing step-change visible in the data from April 24 with both the mean and monthly data points reflecting an increase in breaches from that point in time. However, a decreasing step-change is visible in the data from December 24.

The percentage of 12-hour breaches operates within a relatively tight range of no more than 3 - 4% across October 23 to July 25, with no significant change recorded across the period June 24 to July 25.

Trust Performance Overview

- The proportion of patients with an A&E 12-hour journey time was 6.8% in July against a mean of 8.1%, with the national expectation that this should be a reducing trend.
- Barts Health is currently ranked in the 9th decile nationally on this metric benchmarked against all other acute Trusts, the same performance as last month.

Trust Responsible Director Update

- **Trust wide**: Our 12-hour position continued to improve in July to 6.8%. This is a 1.8% improvement compared to July 24. This is a significant improvement as it equates to 639 less patients waiting >12 hours across the Trust compared to July last year.
- **Mental Health**. In July, our average Length of Stay (LoS) was 19 hrs hours, which is an average increase of 2 hours across the Trust compared to the previous month. RLH saw the biggest increase during July of 3 hours on average. We continue to work with our mental health providers to reduce LOS for this Group of patients. There continues to be clear exec level escalation process in place for any patients experiencing excessive length of stays in ED.
- **Same Day Emergency Care (SDEC):** The number of patients attending SDEC continues to remain static at around 4000 across the Trust. Focus continues on maximising SDEC pathways and increasing the number of direct access attendances to SDEC to eliminate patients attending ED first.

Our People - Culture

'Becoming an outstanding, inclusive place to work'

Our People Summary

SUMMARY

Creating a fair and just culture (We Belong & We Lead)

- The percentage of BAME staff in 8a+ roles saw a small reduction to 40.2% from 40.4%.

Supporting the wellbeing of our people (Retain)

- Overall annualised sickness absence remained at 4.37% with small variations across sites.
- Recorded appraisals for non-medical staff increased 62.4% from 62.3%.
- The medical staff appraisal rate increased to 84.7%.
- Job planning increased to 30.9% from 12.9% with Newham having the highest level of completion at 59.2%
- Statutory and Mandatory Training (all) compliance improved to 88.2% is above target. More detail is provided in the relevant exception page.
- Annualised voluntary turnover reduced to 8.3%.

Working differently to transform care (Innovate)

- Roster compliance – approval on time increased from 76.9% to 82.8% with the average lead time for approval improved to 43.9 days - above the 42 day target.
- Net hours balance was at 7.2%.

Recruiting a permanent, stable workforce (Attract)

- In July we were 524 WTE above the plan submitted to NHS England with substantive staff 97 WTE under plan, agency 4 WTE under plan and bank 645 WTE above plan reflecting our ongoing challenge to reduce temporary staffing.
- The substantive fill rate reduced to 91.6% for all staff and increased to 91.5% for registered nursing and midwifery. Further information is provided in the subsequent exception page.
- Time to Hire achieved target at Group level for non-medical staff (9.1 weeks) and for medical staff (13.6 weeks) with Newham and The Royal London exceeding target for medical staff.
- In July temporary staff accounted for 12.1% of the workforce. Temporary spend was at 10.8% of the pay bill YTD, with agency spend at 1.1% YTD, delivering against target, and bank spend at 9.4% YTD above the 7.9% target. Further information is provided in the subsequent exception page.

Domain Scorecard

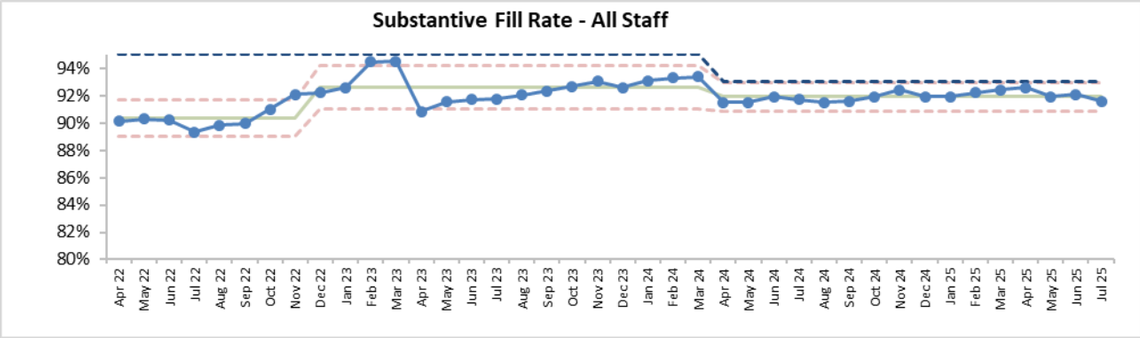
SUMMARY

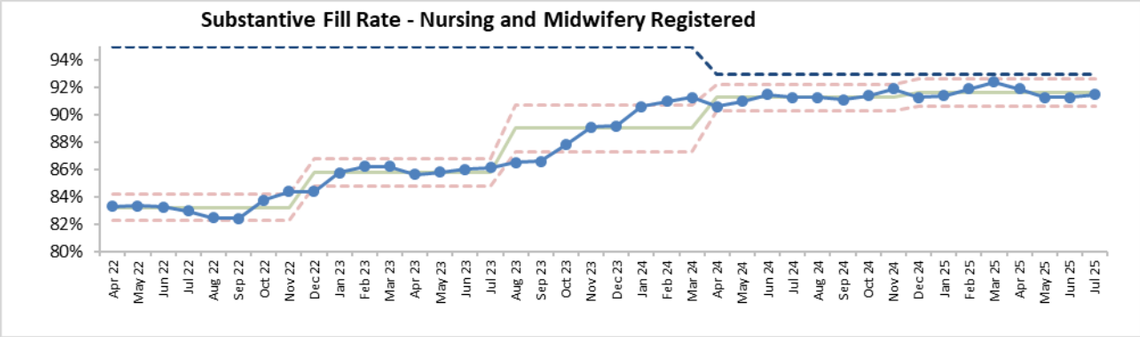
	Indicator	This Period	Target	Performance: Last Period	Performance: This Period	Site Comparison: Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Creating a fair and just culture	**Percentage of BAME staff in 8a+ roles**	**Jul-25**	**42%**	**40.4%**	**40.2%**	**38.6%**	**49.5%**	**57.1%**	**29.2%**	**32.9%**	**36.5%**	**56.7%**
Supporting the wellbeing of our colleagues	Turnover Rate	Jul-25	<11%	8.5%	8.3%	8.67%	7.65%	8.65%	9.61%	8.96%	6.05%	12.72%
	Sickness Absence Rate	Jun-25	<=4.0%	4.37%	4.37%	4.28%	4.47%	4.60%	3.44%	3.99%	5.55%	2.06%
	Appraisal Rate - Non-Medical Staff	**Jul-25**	**>=90%**	**62.3%**	**62.4%**	**57.4%**	**72.6%**	**50.1%**	**73.7%**	**58.9%**	**64.7%**	**28.3%**
	Appraisal Rate - Medical Staff	**Jul-25**	**>=90%**	**84.2%**	**84.7%**	**82.1%**	**84.7%**	**88.0%**	**88.9%**			
	Mandatory and Statutory Training - All	Jul-25	>=85%	84.1%	88.2%	85.8%	90.1%	87.7%	92.1%	93.7%	87.1%	

	Indicator (Jan 25)	This Period	Target	Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Fostering new ways of working to transform care	Roster compliance - Nursing Units Approved on Time %	Jul-25		76.9%	82.8%	95.3%	69.8%	70.4%	100.0%			
	Roster compliance - Nursing Average Approval Lead Time (Days)	Jul-25	>=42	41.5	43.9	46.2	42.0	42.2	45.1			
	Roster compliance - Nursing Net Hours Balance %	Jul-25	<=7.6%	3.8%	7.2%	2.4%	-1.8%	-3.0%	-0.8%			
	Medical and Dental Job planning completion	**Jul-25**	**>=95%**	12.9%	30.9%	15.5%	39.4%	59.2%	47.5%			
Recruiting a permanent and stable workforce	Substantive fill rate - all staff	Jul-25	>=93%	92.1%	91.6%	93.2%	90.3%	91.1%	96.1%	90.0%	85.1%	103.6%
	Substantive fill rate - nursing and midwifery	**Jul-25**	**>=93%**	91.3%	91.5%	**90.7%**	**90.8%**	**93.4%**	**91.5%**			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Jul-25	10.4	8.8	9.1	9.6	8.8	8.0	9.6	9.2	9.6	
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Medical)	Jul-25	15.00	11.0	13.6	16.20	11.20	13.80	15.60			
	Temporary staff as a % of workforce	Jul-25		11.8%	12.1%	11.7%	16.9%	15.0%	6.3%	12.8%	11.6%	7.6%
	Pay Spend as % Pay Budget (YTD)	**Jul-25**		101.7%	101.3%	102.8%	103.8%	105.6%	99.6%	97.0%	99.7%	87.7%
	Bank Spend as % Paybill (YTD)*	**Jul-25**	**<=7.9%**	9.9%	10.0%	9.4%	16.5%	15.3%	6.6%	5.9%	7.5%	0.2%
	Agency Spend as % Paybill (YTD)*	**Jul-25**	**<=1.2%**	1.2%	1.1%	**1.4%**	**2.1%**	**2.0%**	**0.1%**	**1.2%**	**0.0%**	**0.0%**
	Agency Spend as % Paybill (In Month)*	**Jul-25**	<=1.2%	**1.0%**	**0.9%**	1.3%	1.4%	1.5%	0.1%	1.6%	0.0%	0.0%

*Sites have site specific targets

Permanent Staffing





Indicator Background:

The substantive fill rate is an indicator of the contracted Whole Time Equivalent (WTE) employed by Barts Health NHS Trust against budgeted WTE. A long-term goal is to deliver a fill rate between 93% and 95%, minimising vacancies and the need to use temporary staffing.

The period between November 2022 and March 2023 is skewed in part due to the TUPE in of Soft FM services over that period and the budgeted WTE for these services only being accurately reflected from April 2023

What is the Chart Telling us:

The charts here are showing our overall substantive fill rate as well as that for our registered nursing and midwifery staff Group against the 93% target, the latter being our most challenging in terms of reducing gaps.

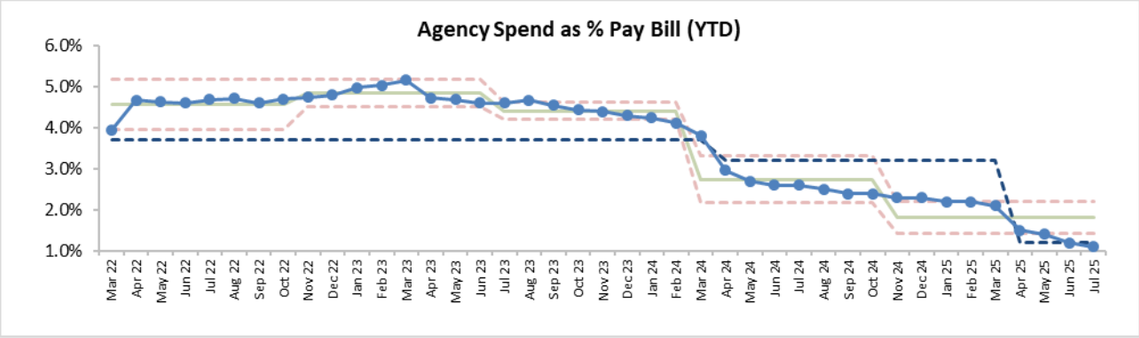
For registered nursing and midwifery, we have seen fill rate increase to 91.5%

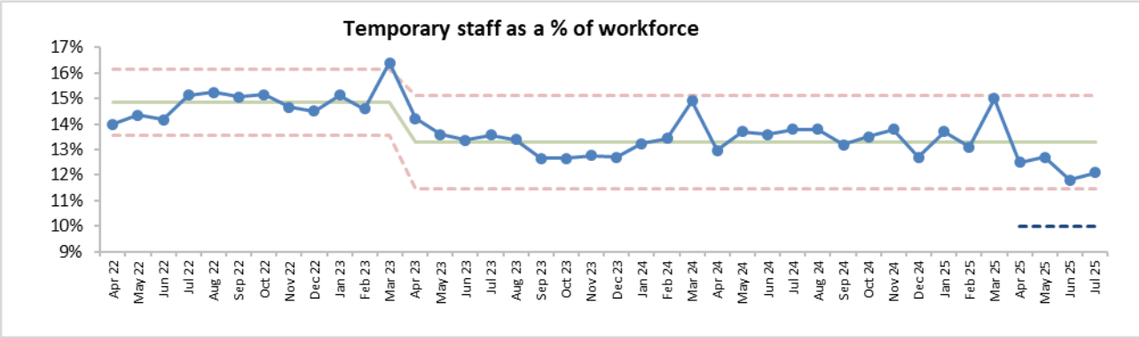
For all staff we saw the substantive fill rate reduce to 91.6%, continuing to oscillate around the 91.7% mark as it has since April 2024

Trust Responsible Director Update

- The overall substantive fill rate reduced to 91.6% in July 2025, largely driven by am 87 WTE increase in the budgeted establishment, alongside a decrease in substantive staff in post of 21 WTE. The increase in reported establishment is partially due to an adjustment linked to the allocation of CIPs but also includes planned changes in Imaging at Newham and a Psych Model of Care pilot at Royal London.
- The reduction in substantive staffing was primarily driven by a reduction in substantive medical staffing of 20 WTE, this is a seasonal effect preceding the August rotations (in July 2024 the reduction was 34 WTE followed by an increase of 65 WTE in August)
- The registered nursing and midwifery fill rate increased to 91.5% with all sites exceeding 90% and Newham above target at 93.4%.

Temporary Staffing





Indicator Background:

The Agency Spend as a % Pay Bill is a national indicator to demonstrate the proportion of pay spend on agency staff. In 23/24 the national target was 3.7% and in 24/25 it was 3.2%. For 25/26 we have set a target of 1.2% to reflect the

Temporary staff as a % of workforce is an indicator of how reliant the Trust is on the temporary workforce. The target for this is to be below 10%, factoring in vacancies, sickness and parental leave

What is the Chart Telling us:

The charts here are showing our agency spend as a % pay bill against the relevant target since April 2022 and the proportion of the workforce that is temporary overall.

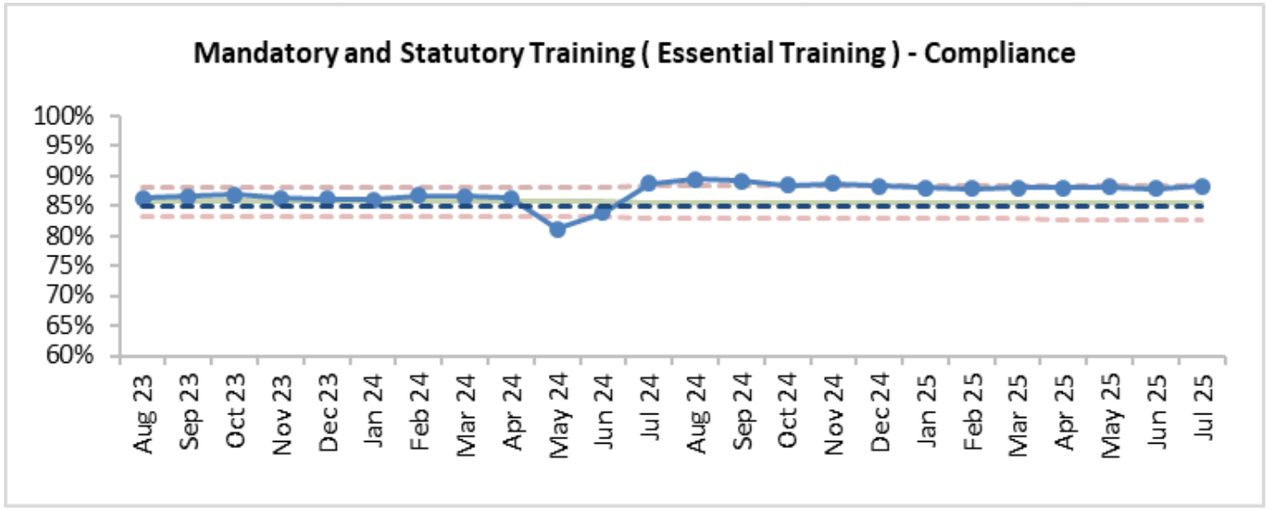
Agency spend as a proportion of pay spend has been following a downward trajectory since August 2023 when it was at 4.7%. In July 2025 the YTD figure stands at 1.1%, delivering against the 1.2% target.

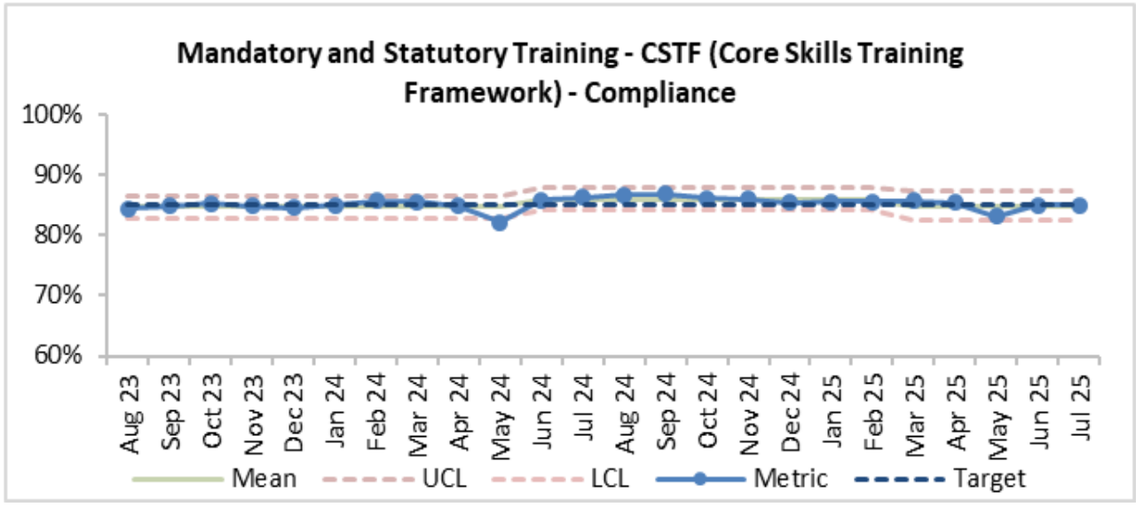
For temporary Staff as a % workforce we remain above target, with a small increase to 12.1%. The last 4 months have been below the long-term average of 13.3%

Trust Responsible Director Update

- In July we saw agency spend as a % pay bill (YTD) reduce to 1.1%, delivering against the 1.2% target for the year. The overall agency usage reduced further by 31 WTE to 278 WTE.
- St Bartholomew's, Newham and Pathology Partnership are delivering against their target, with Whipp Cross and the Royal London marginally above target. In month for June all sites met target.
- Overall temporary staff demand increased to 12.1% of the workforce, with a 95 WTE increase in bank, although much of this reflects the additional day in July. Overall temporary staffing use was at 2,722.2 WTE, up by 64 WTE.
- When compared to July 2024 there has been a reduction of 469 temporary WTE (from 3,191)

Mandatory and Statutory Training



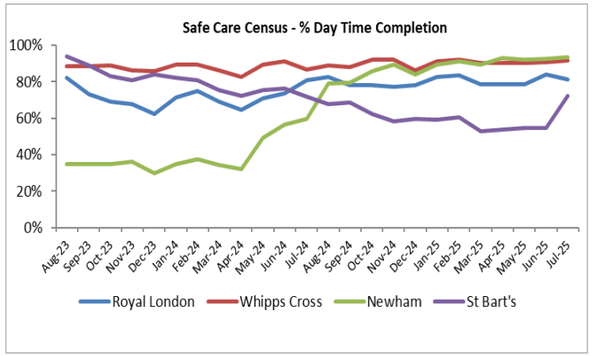


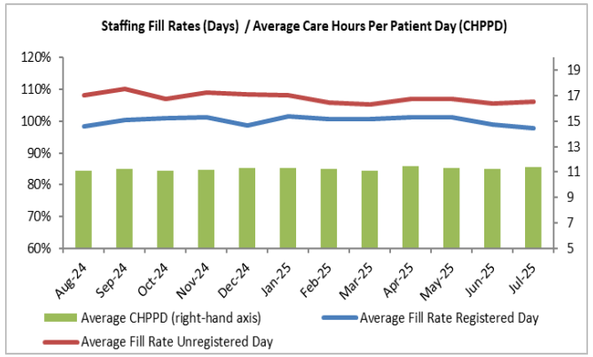
Non-mandatory competencies have been excluded from the above tables

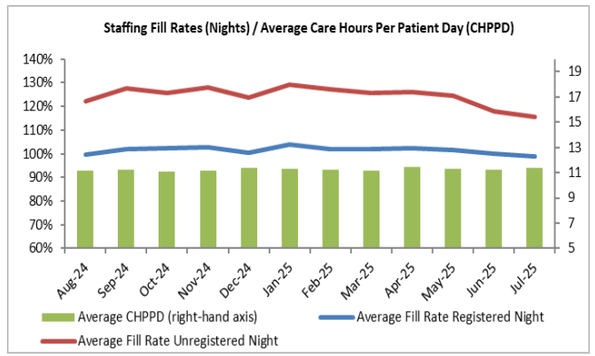
Performance Overview	Responsible Director Update
• Mandatory and Statutory Training CSTF (Core Skills Training Framework) compliance currently stands at 85.0%, a decrease of 0.1% from the last Board report but remains at the Trust target of 85% this month. Mandatory and Statutory Training (Essential Skills Training) compliance stands at 88.2% up from 87.8% reported in the last board report, and above the Trust target of 85%.. • The total number of staff currently on WIRED stands at 21,709 and the team monitors over 5550,519 compliance items yearly. • 8 of the Core Skills Training Framework subjects currently reported on WIRED are above the Trust target of 85%.Fire Safety is below target at 79.80%, with Infection Prevention and Control, Information Governance and Resuscitation all below 80% at 78.08%, 74.31% and 78.33% respectively. Safeguarding Children Level 3 is also below the target at 78.76%. • Those subjects which are below target are highlighted at site PR's, together with staff Groups where there is a concern and staff continue to be sent monthly reminders to complete their training.	• The 5th Mandatory Learning Oversight Group meeting was held on 20th August, which reviewed Conflict Resolution and Health and Safety. This concludes the review of the 11 Core Skills Training Framework subjects and the Group will now turn its focus to the Essential Skills requirements. MLOG were concerned about the lack of face to face training for Conflict Resolution / Physical Intervention training and it was suggested that due to the increase in the number of incidents that this should be added to the Risk Register in consultation with the Risk Manager and look at alternative mitigations in the short term. No changes were recommended for the Health and Safety training. • Oliver McGowan training, the ICB is setting up a steering Group, which will be led by the Homerton as the lead hub, in addition they are commissioning an external provider to act as a delivery partner for tier 1 part 2 and tier2 part 2 face to face delivery. • The NHS England Mandatory Learning Policy template has now been adapted for use by Barts Health, and will progress through the Barts Health policy approval process. The intention of the template is to provide national consistency and support movement of staff across the NHS.

Safe Staffing

OUR PEOPLE







Staffing Figures by Site - Jul-25

Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Maternity Red Flag Incidents	Safe Staffing Nursing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)			
Trust	**97.7%**	**106.2%**	**98.9%**	**115.4%**	**11.4**	**15**	**4**
Royal London	104.4%	117.3%	106.5%	133.1%	11.8	3	2
Whipps Cross	93.8%	99.7%	95.6%	106.2%	11.1	3	1
Newham	98.2%	101.8%	100.3%	105.5%	10.2	9	1
St Bart's	87.3%	99.3%	84.7%	105.4%	12.3	-	1

Trust Responsible Director Update

The Trust has continued to maintain an overall average fill rate exceeding 95% for Registered Nurses (RNs), Midwives (RMs), and Healthcare Assistants (HCAs) across both day and night shifts. At SBH. Fill-rate for RNs has fallen below 90% against plan This was associated with reduced activity in three areas and staffing proactively adjusted in line with reduced occupancy and acuity.

Care Hours Per Patient Day (CHPPD) for the Trust was calculated as 11.4 in July, which was not significantly changed from previous months. Model Hospital data shows an average of 9.5 for 'recommend peers' (last reported in May 2025). The elevated CHPPD at organisational level is attributed primarily linked to the presence of a relatively large number of specialist and critical care services within the Barts Health Group, demonstrated by St Barts Hospital (SBH) having the highest figures as it hosts a significant proportion of specialist and critical care units. Senior Nursing Workforce Leads continue to undertake specialty mapping across wards reported through the monthly safe staffing return to support appropriate benchmarking at ward level.

Patient safety remains a key priority. Senior nursing teams continue to address staffing concerns through safety huddles, dynamically reallocating staff or deploying senior clinical staff where necessary to maintain safe care.
In the month of July , general nursing Red Flag incidents (RFIs) were 4, compared to 17 in July, reported by Newham, Royal London and St Bartholomew's. The overall low rate aligns with the good shift fill. Maternity services recorded 15 RFIs via BirthRate Plus, which is a significant decrease compared to previous months. All incidents were addressed in real-time and reviewed through maternity governance processes. It should be noted that maternity red flags have broader range of triggers than are used in nursing, hence the large difference seen in reported numbers.

Safe Care Compliance: Acuity and dependency scoring compliance via the Safe Care reporting tool was at 85.85 for day shifts, slightly improved since last month, with notable improvement at SBH. The compliance was also improved compered to July 2024 (77.6%). Continued emphasis is placed on embedding Safe Care into daily practice, particularly within safety huddles, to support real-time identification of staffing gaps and dynamic redeployments to facilitate balanced, prioritised staffing.

Underlying workforce trends

Overall substantive fill rates across nursing and midwifery are in an increasingly strong position, and in line with the Trust target. Senior nurses from each hospital are working in partnership with People team colleagues to address remaining gaps and evolve recruitment process to maximise productivity and efficiency. Band 5 and 6 vacancies and skill mix requirements are being reviewed to ensure opportunities to appoint graduating students are maximised.

The Trust continues to experience demand for enhanced therapeutic observation of care (EToC) for at-risk patients, often resulting in staffing levels exceeding planned establishments. July saw an increase in the number and cost of additional duties for ETOC compared to June, although lower than in April and May. Spend remains over budget; the biggest single driver continues to be support required by patients with mental health needs. A comprehensive cross Trust improvement programme is in place to refine ETOC models to meet the dual objective of ensuring quality care and effective use of resources.

Supporting Enablers

Finance Summary

- The Trust is reporting a (£22.7m) deficit for the year to date at Month 4, which is (£13.2m) adverse against plan. The adverse variance is due to slippage against savings targets, mainly driven by additional costs to treat elective longer waiters and costs to support medically optimised and mental health non-elective patient discharge delays.

- Income is £1.9m favourable against plan for the year to date at Month 4. Hospital sites and Group services income is (£0.2m) adverse. Elective Recovery Funding (ERF) income is reported in line with plan in month 4. The effective ERF cap in 2025/26 means that the plan cannot be delivered through ERF overperformance. It is assumed at month 3 that ERF will not underperform plan therefore no ERF clawback will be incurred, these assumptions will be reviewed once fully coded data for the period becomes available. Central income is £2.2m favourable, which includes some prior year rebates.

- Expenditure is (£15.1m) adverse against plan for the year to date at Month 4. Hospital sites and Group services pay expenditure is (£11.2m) adverse. The variance is due to shortfalls against pay savings targets (£14.8m), offset by underspends against base budgets of £3.6m. Achieving the WTE reduction plan is key to delivery of the pay savings target. Hospital sites and Group services non-pay expenditure is (£14.1m) adverse, key overspends include unallocated non-pay savings shortfall (£4.8m), drugs and clinical supplies (£2.5m), independent outsourcing costs (£2.2m), non-clinical non-pay (£2.1m), passthrough drugs (£1.9m), which is offset by the associated income overperformance. Central areas including reserves are £10.2m favourable, this is mainly due to release of non-recurrent benefits and reserves ahead of the original plan schedule.

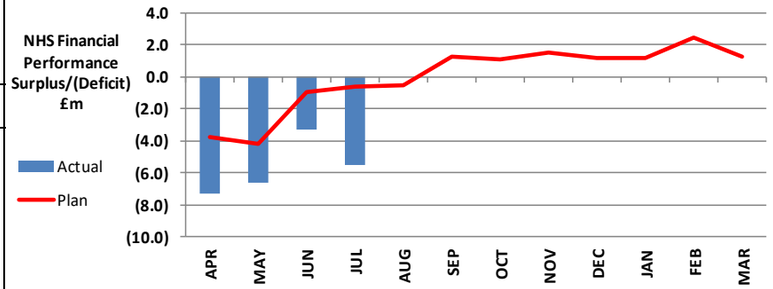
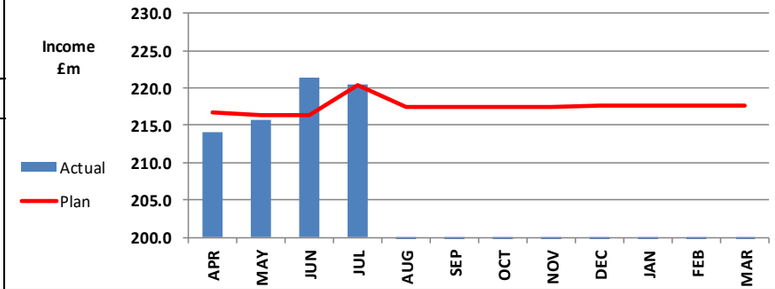
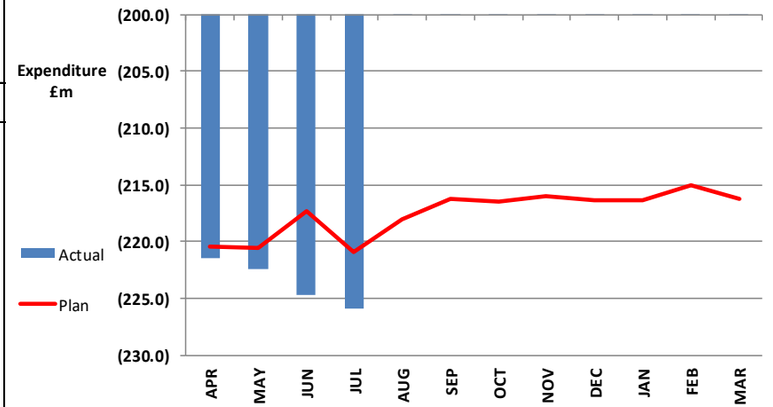
- The Trust plan for 2025/26 is to reduce overall staffing levels by over 1,000wte primarily through reducing non-clinical staffing and reducing the use of temporary (bank and agency) clinical staffing, while maintaining strong control of clinical substantive staffing levels. Actual total WTE in month 4 is 21,890wte for the year to date which compares to 22,209wte in month 11 2024/25 , a reduction of 319wte.

- Capital expenditure for the year to date is £25.2m, which is (£15.0m) behind plan. Charitable funded expenditure for the year to date is £0.6m.

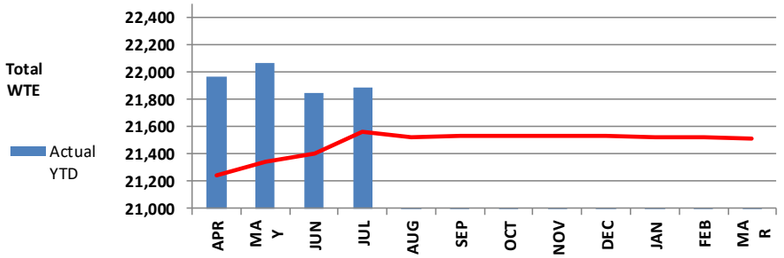
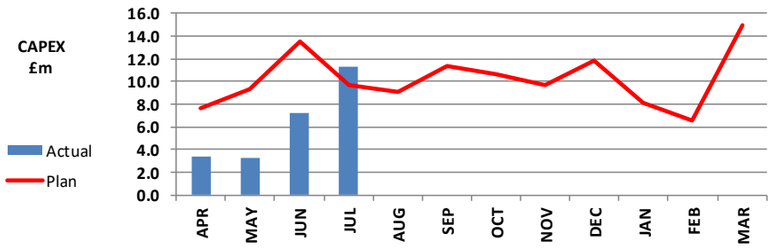
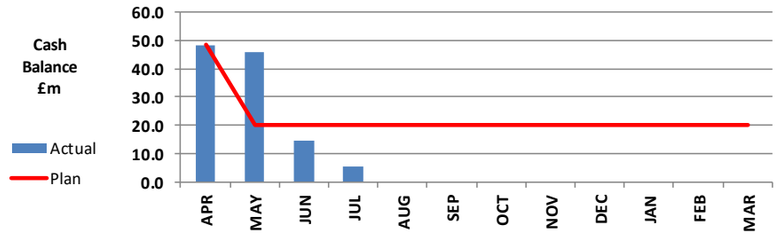
- Cash balances in July 2025 are lower by £14.5m compared to the plan figure of £20.0m because of other movements in working capital and payment of old year invoices.

- The Trust has submitted a Financial Recovery Plan to NEL ICB and NHSE with the aim of achieving financial balance across the system in 2025/26. The key financial challenges for the Trust in achieving its plan for this financial year include:
    - Delivering increased efficiency savings to meet the forecast outturn control totals for sites and Group services aligned to the Financial Recovery Plan.
    - Working with system partners to reduce delays in transfers of medically optimised and mental health patients out of acute hospitals to more appropriate care settings.
    - Minimising additional costs of managing elective wating times particularly in relation to long waiters.

Finance Key Metrics

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (9.5) Actual (22.7) Variance (13.2)		The Trust is reporting a (£22.7m) deficit for the year to date at Month 4, which is (£13.2m) adverse against plan. The adverse variance is due to slippage against savings targets, mainly driven by additional costs to treat elective longer waiters and costs to support medically optimised and mental health non-elective patient discharge delays.
Total Income	Plan 869.7 Actual 871.7 Variance 1.9		Income is £1.9m favourable against plan for the year to date at Month 4: - Hospital sites and group services income is (£0.2m) adverse. Elective Recovery Funding (ERF) income is reported in line with plan in month 4. The effective ERF cap in 2025/26 means that the plan cannot be delivered through ERF overperformance. It is assumed at month 3 that ERF will not underperform plan therefore no ERF clawback will be incurred, these assumptions will be reviewed once fully coded data for the period becomes available. - Central income is £2.2m favourable, which includes some prior year rebates.
Total Expenditure	Plan (879.2) Actual (894.4) Variance (15.1)		Expenditure is (£15.1m) adverse against plan for the year to date at Month 4: - Hospital sites and group services pay expenditure is (£11.2m) adverse. The variance is due to shortfalls against pay savings targets (£14.8m), offset by underspends against base budgets of £3.6m. Key overspends against base budgets are premium rate costs for consultants and junior doctors bank staffing (£3.8m) and nursing and health care assistant staffing numbers above budget level (£0.4m). These overspends are partially offset by underspends for non-clinical staff vacancies of £6.0m. Achieving the WTE reduction plan is key to delivery of the pay savings target. -Hospital sites and group services non-pay expenditure is (£14.1m) adverse, key overspends include unallocated non-pay savings shortfall (£4.8m), drugs and clinical supplies (£2.5m), independent outsourcing costs (£2.2m), non-clinical non-pay (£2.1m), passthrough drugs (£1.9m), which is offset by the associated income overperformance. - Central areas including reserves are £10.2m favourable, this is mainly due to release of non-recurrent benefits and reserves ahead of the original plan schedule.

Finance Key Metrics

Metrics	Current Performance Year To Date	£millions	Trend	Comments
Whole Time Equivalent (Worked WTE)	Target YTD Actual YTD Variance YTD	21,387 21,943 (556)		The Trust plan for 2025/26 is to reduce overall staffing levels by over 1,000wte primarily through reducing non-clinical staffing and reducing the use of temporary (bank and agency) clinical staffing, while maintaining strong control of clinical substantive staffing levels. Actual total WTE in month 4 is 21,890wte for the year to date which compares to 22,209wte in month 11 2024/25 , a reduction of 319wte.
Capital Expenditure	Plan Actual Variance	40.1 25.2 (15.0)		The current capital plan of £138.7m reduced from £139.0m in Month 3; it comprises an Exchequer programme of £122.3m and £16.5m programme funded from grants and charitable donations. The reduction follows confirmation of some Public Dividend Capital(PDC) awards which were lower than initially anticipated. Capital expenditure for the year to date is £25.2m, which is (£15.0m) behind plan. Charitable funded expenditure for the year to date is £0.6m.
Cash	Plan Actual Variance	20.0 5.5 (14.5)		Cash balances in July 2025 are lower by £14.5m compared to the plan figure of £20.0m because of other movements in working capital and payment of old year invoices. The 2025/26 pay award for Agenda for Change (AfC) staff (3.6%) and Doctors & Dentists (4%) will be paid in August 2025 and backdated to April 2025. NEL ICB will be drawing down additional cash to pass on to the Trust to cover the arrears to be paid in August.

Key Issues

The Trust is reporting a (£22.7m) deficit for the year to date at Month 4, which is (£13.2m) adverse against plan. The Trust has submitted a Financial Recovery Plan to NEL ICB and NHSE with the aim of achieving financial balance across the system in 2025/26.

Key Risks & Opportunities

The key financial challenges for the Trust in achieving its plan for this financial year include:

- Delivering increased efficiency savings to meet the forecast outturn control totals for sites and group services aligned to the Financial Recovery Plan.
- Working with system partners to reduce delays in transfers of medically optimised and mental health patients out of acute hospitals to more appropriate care settings.
- Minimising additional costs of managing elective wating times particularly in relation to long waiters.

Income & Expenditure - Trustwide

Last Year		In Month			Year to Date			Annual
YTD Actual	*£millions*	Plan	Actual	Variance	Plan	Actual	Variance	Plan
620.6	NHS Patient Treatment Income	176.8	176.8	(0.0)	672.3	674.2	1.9	2,018.6
1.5	Other Patient Care Activity Income	0.7	0.4	(0.3)	2.6	1.8	(0.8)	7.9
47.5	Other Operating Income	13.2	12.7	(0.5)	50.9	49.6	(1.3)	153.6
669.5	**Total Sites & Group Services Income**	**190.8**	**190.0**	**(0.8)**	**725.9**	**725.7**	**(0.2)**	**2,180.2**
15.5	Pathology Partnership Income	4.0	4.1	0.1	16.0	16.3	0.3	47.8
21.2	Research & Development Income	7.1	6.7	(0.4)	28.6	29.2	0.6	85.7
107.0	Central NHS PT Income	16.7	17.8	1.1	92.5	91.1	(1.4)	275.8
6.2	Central RTA & OSV Income	1.7	1.8	0.1	6.8	5.6	(1.2)	20.5
819.6	**Total Income**	**220.4**	**220.4**	**0.1**	**869.7**	**871.7**	**1.9**	**2,610.0**
(454.4)	Pay	(121.8)	(122.3)	(0.6)	(477.6)	(488.8)	(11.2)	(1,434.7)
(83.9)	Drugs	(22.2)	(23.1)	(0.9)	(82.7)	(85.7)	(3.0)	(248.8)
(70.1)	Clinical Supplies	(18.7)	(20.4)	(1.7)	(73.5)	(75.6)	(2.1)	(219.7)
(104.5)	Other Non Pay	(24.1)	(25.8)	(1.7)	(96.6)	(105.7)	(9.1)	(284.9)
(712.9)	**Total Site & Group Services Expenditure**	**(186.7)**	**(191.6)**	**(4.8)**	**(730.4)**	**(755.8)**	**(25.3)**	**(2,188.2)**
(32.6)	Pathology Partnership Expenditure	(8.3)	(8.5)	(0.2)	(33.2)	(33.8)	(0.6)	(99.4)
(21.3)	Research & Development Expenditure	(7.1)	(6.7)	0.4	(28.6)	(29.2)	(0.6)	(85.7)
(2.7)	Central RTA & OSV Recievables Provisions	(0.6)	(1.2)	(0.6)	(2.5)	(3.0)	(0.5)	(7.4)
(3.3)	Central Expenditure & Reserves	(1.6)	(1.7)	(0.0)	(19.3)	(8.6)	10.8	**(33.9)**
(772.8)	**Total Operating Expenditure**	**(204.5)**	**(209.7)**	**(5.2)**	**(814.0)**	**(830.3)**	**(16.3)**	**(2,414.5)**
(26.1)	Depreciation and Amortisation (net)	(6.6)	(6.6)	(0.0)	(26.2)	(26.2)	-	(78.7)
(36.0)	Interest	(9.9)	(9.7)	0.3	(39.1)	(37.9)	1.2	(116.9)
0.2	Profit On Fixed Asset Disposal	0.0	0.0	0.0	0.0	0.1	0.0	0.1
(835.0)	**Total Expenditure**	**(220.9)**	**(225.9)**	**(5.0)**	**(879.2)**	**(894.4)**	**(15.1)**	**(2,610.0)**
(43.4)	**Sites & Group Services Contribution**	**4.0**	**(1.6)**	**(5.6)**	**(4.5)**	**(30.1)**	**(25.5)**	**(8.0)**
28.1	**Central Income & Expenditure**	**(4.6)**	**(3.9)**	**0.7**	**(4.9)**	**7.4**	**12.3**	**8.0**
(15.4)	**NHS Reporting Surplus/(Deficit)**	**(0.6)**	**(5.5)**	**(4.9)**	**(9.5)**	**(22.7)**	**(13.2)**	**0.0**

Capital Expenditure Summary - Trustwide

24/25 YTD	Programme Area	In Month				Year to Date				Annual			
Prev Yr Actual	£millions	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Capital Plan	Approved Capital Programme	Variance	%
0.9	Equipment (Medical and Other)	0.5	1.9	(1.4)	*(281)%*	2.3	2.2	0.1	*6 %*	23.1	23.1	-	*- %*
0.9	Informatics	-	1.3	(1.3)	*- %*	0.6	2.2	(1.6)	*(249)%*	3.8	3.8	-	*- %*
1.4	Estates	4.1	3.0	1.2	*28 %*	12.9	5.8	7.1	*55 %*	44.3	44.3	-	*- %*
2.9	New Build and Site Vacations	3.5	3.5	(0.1)	*(2)%*	18.0	8.7	9.3	*52 %*	32.5	32.5	-	*- %*
5.0	PFI Lifecycle Assets	1.6	1.6	(0.0)	*(0)%*	6.2	6.2	(0.0)	*(0)%*	18.7	18.7	-	*- %*
0.3	Finance Lease	-	-	-	*- %*	-	-	-	*- %*	-	-	-	*- %*
11.4	**Total Trust Funded Assets**	**9.7**	**11.3**	**(1.6)**	***(16)%***	**40.1**	**25.2**	**15.0**	***37 %***	**122.3**	**122.3**	**-**	**- %**
-	Grants	0.1	(0.0)	0.1	*128 %*	0.3	0.0	0.3	*94 %*	6.5	6.5	-	*- %*
6.9	Donated	0.3	0.1	0.2	*67 %*	0.9	0.6	0.4	*39 %*	10.0	10.0	-	*- %*
18.3	**Total Capital Expenditure**	**10.1**	**11.3**	**(1.3)**	***(13)%***	**41.4**	**25.7**	**15.6**	***38 %***	**138.7**	**138.7**	**-**	**- %**

Key Messages

2025/26 position. The current capital plan of £138.7m reduced from £139.0m in Month 3; it comprises an Exchequer programme of £122.3m and £16.5m programme funded from grants and charitable donations. The reduction follows confirmation of the Public Dividend Capital (PDC) award for the SBH Linac and the RLH Biplane which were lower than initially anticipated.

Funding. Confirmation has been received of the PDC for the Linac of £2.4m and £0.5m for the RLH Biplane compared to £2.5m and £0.7m respectively estimated in the capital plan. An additional £33k has been secured for submetering projects. The Trust CRL allocation for 2025/26 is still not been fully confirmed. NHSE approval of the business cases requested via NEL for Constitutional Standards funded schemes, is awaited. Senior Trust directors continue to make strong representations to NEL and NHSL to have the draft plan confirmed in full. Following guidance from NEL, the draft plan includes overprogramming of 5%, £2.2m. This is being held pending formal NEL approval that it can be spent which is expected in the second half of the financial year. As the opportunities arise, bids will be made for any central funding that is released for programmes such as diagnostic equipment, digital transformation and cyber security etc.

Performance. The Trust had expenditure of £11.3m in July, up from £7.5m in June, of which £0.1m was on schemes funded from charitable donations. The capital programme submitted to NHSE in March 2025 is currently £15.6m behind plan. It is noted that once the plan is submitted, the forecast is fixed for the year and cannot be amended. The seeming underspend is a timing difference which has arisen following changes in the profile of expenditure and the delay in commencing the 2025/26 capital programme pending confirmation of funding approval of the NEL Estates Safety fund and Constitutional Standard funded schemes, due to the requirement for additional business cases. It is expected that the majority of schemes will catch up and be delivered in year. The Capital Steering and Assurance Group is monitoring the pipeline of 2025/26 schemes not yet at business case stage and has challenged all investment leads to provide a firm date for scheme commencement. Several 2025/26 projects have been approved by IDG, notably the majority of the WXH 'Bridging the Gap' programme for the year. The delegated programmes for PFI MES, replacement medical equipment, backlog maintenance and Informatics have been approved - all at an earlier stage than in 2024/25. Due to their size and complexity, additional capital oversight monitoring arrangements have been in place for the NUH and WXH programmes to support delivery.

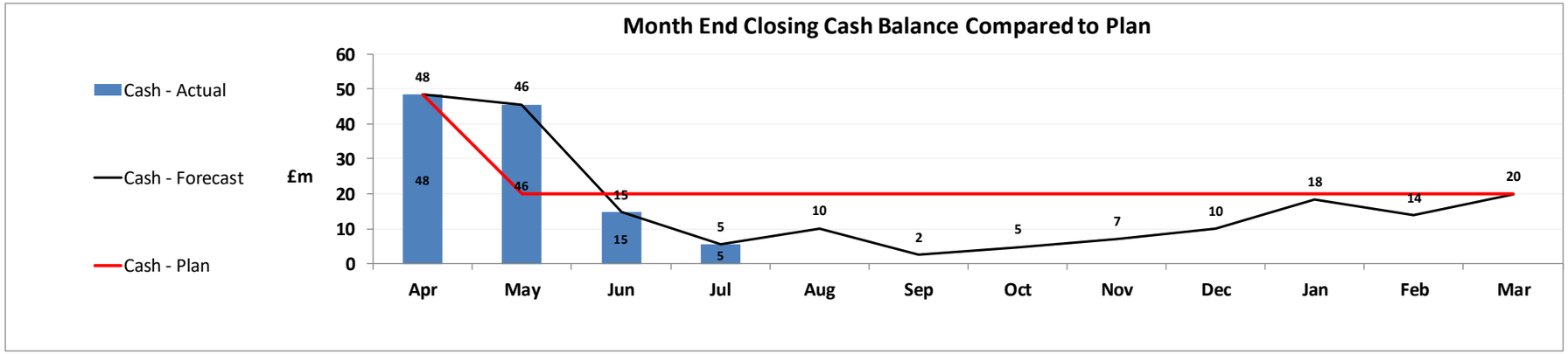
Forecast. As at month 4, in the absence of a fully approved capital plan, the Trust is holding its forecast in line with the draft plan submitted. A full reforecast is underway with outcomes due in October 2025. The process is overseen by the Capital and Assurance Steering Group which will review slippage and suggest recommendations made for mitigations as appropriate.

Capital Funding

	Capital Plan	Secured	Not Yet Secured	%Secured
Gross Depreciation	78.7	78.7	-	*100 %*
Repayment of PFI principal	(50.7)	(50.7)	-	*100 %*
Repayment Other Finance Leases (IFRS16)	(14.6)	(14.6)	-	*100 %*
Net Depreciation	**13.4**	**13.4**	**-**	**100 %**
CRL (not cash backed)	52.7	52.7	-	*100 %*
PDC - HIP 1 Whipps Cross Hospital Redevelopment Enabling Works	14.6	14.6	-	*100 %*
PDC - RLH Biplane	0.5	-	0.5	*- %*
PDC - NHS national energy efficiency funding-SBH & NUH SubMetering	0.1	0.1	-	*100 %*
PDC - SBH Linac	2.4	2.4	-	*100 %*
PDC - Net Zero	0.3	0.3	-	*100 %*
PDC - Estates Safety	27.7	27.7	-	*100 %*
PDC - constitutional standards	10.5	-	10.5	*- %*
Planned Capital exc. Donated	**122.3**	**111.2**	**11.0**	**91.0 %**
Asset sales	-	-	-	*- %*
Total Approved Exchequer Funding exc. Donations/ Grants	**122.3**	**111.2**	**11.0**	**91.0 %**
Grants	6.5	-	6.5	*- %*
Donations	10.0	-	10.0	*- %*
Planned Capital inc. Donations/ Grants	**138.7**	**111.2**	**27.5**	**80.2 %**

Cashflow

£millions	Actual Apr	May	Jun	Jul	Forecast Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	**46.4**	**48.4**	**45.6**	**14.7**	**5.5**	**10.2**	**2.5**	**4.8**	**7.0**	**10.0**	**18.5**	**13.8**	**46.4**
Cash inflows													
Healthcare contracts	197.2	184.7	185.4	189.6	198.5	196.5	190.5	192.5	193.5	193.5	192.5	193.6	2,308.0
Other income	47.6	23.2	26.2	46.7	37.6	41.1	34.6	33.1	33.6	30.4	31.1	43.5	428.7
Financing - Revenue Loans /Capital PDC	-	-	-	-	-	-	-	-	15.0	-	-	41.1	56.1
Total cash inflows	**244.8**	**207.9**	**211.6**	**236.3**	**236.1**	**237.6**	**225.1**	**225.6**	**242.1**	**223.9**	**223.6**	**278.2**	**2,792.8**
Cash outflows													
Salaries and wages	(75.7)	(74.6)	(71.1)	(71.0)	(86.1)	(74.2)	(74.2)	(74.2)	(74.6)	(76.2)	(74.2)	(76.7)	(902.8)
Tax, NI and pensions	(56.7)	(57.8)	(56.4)	(58.1)	(56.4)	(68.0)	(58.7)	(58.7)	(58.7)	(58.7)	(58.7)	(58.7)	(705.6)
Non pay expenditures	(96.9)	(73.9)	(112.3)	(109.0)	(86.0)	(100.6)	(84.1)	(85.0)	(101.5)	(75.0)	(86.7)	(114.3)	(1,125.3)
Capital expenditure	(13.5)	(4.4)	(2.7)	(7.4)	(2.9)	(2.5)	(5.8)	(5.5)	(4.3)	(5.5)	(8.7)	(22.3)	(85.5)
Dividend and Interest payable	-	-	-	-	-	-	-	-	-	-	-	-	-
Total cash outflows	**(242.8)**	**(210.7)**	**(242.5)**	**(245.5)**	**(231.4)**	**(245.3)**	**(222.8)**	**(223.4)**	**(239.1)**	**(215.4)**	**(228.3)**	**(272.0)**	**(2,819.2)**
Net cash inflows / (outflows)	**2.0**	**(2.8)**	**(30.9)**	**(9.2)**	**4.7**	**(7.7)**	**2.3**	**2.2**	**3.0**	**8.5**	**(4.7)**	**6.2**	**(26.4)**
Closing cash at bank - actual / forecast	**48.4**	**45.6**	**14.7**	**5.5**	**10.2**	**2.5**	**4.8**	**7.0**	**10.0**	**18.5**	**13.8**	**20.0**	**20.0**
Closing cash at bank - plan	**48.4**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**



Key Messages

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Statement of Financial Position

24/25		Actual				Forecast								
31 Mar 2025	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	24/25 v 25/26
	Non-current assets:													
1,613.4	Property, plant and equipment	1,612.3	1,606.9	1,607.5	1,612.1	1,630.3	1,635.5	1,641.3	1,648.9	1,656.1	1,659.6	1,662.1	1,670.8	57.4
6.9	Intangible assets	6.7	6.5	6.4	6.2	6.3	6.1	6.0	5.9	5.8	5.7	5.5	5.4	(1.5)
16.1	Trade and other receivables	16.1	16.0	16.0	15.9	15.9	15.8	15.8	15.7	15.7	15.6	15.6	15.6	(0.5)
1,636.4	**Total non-current assets**	**1,635.1**	**1,629.4**	**1,629.9**	**1,634.2**	**1,652.5**	**1,657.4**	**1,663.1**	**1,670.5**	**1,677.6**	**1,680.9**	**1,683.2**	**1,691.7**	**55.4**
	Current assets:													
37.4	Inventories	37.4	38.6	38.8	40.3	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	0.0
139.2	Trade and other receivables	110.0	103.0	150.9	147.4	121.3	126.5	124.4	121.9	128.6	118.5	123.8	137.8	(1.4)
46.3	Cash and cash equivalents	48.4	45.6	14.7	5.5	10.2	2.5	4.8	7.0	1.0	18.5	13.8	20.0	(26.3)
222.9	**Total current assets**	**195.8**	**187.2**	**204.4**	**193.2**	**168.9**	**166.4**	**166.6**	**166.3**	**167.0**	**174.4**	**175.0**	**195.2**	**(27.7)**
1,859.3	**Total assets**	**1,830.9**	**1,816.6**	**1,834.3**	**1,827.4**	**1,821.4**	**1,823.8**	**1,829.7**	**1,836.8**	**1,844.6**	**1,855.3**	**1,858.2**	**1,886.9**	**27.7**
	Current liabilities													
(338.7)	Trade and other payables	(316.2)	(310.9)	(333.2)	(332.5)	(302.5)	(302.5)	(306.3)	(310.8)	(301.2)	(309.5)	(309.2)	(295.8)	42.9
(3.7)	Provisions	(3.7)	(3.7)	(3.6)	(3.6)	(1.0)	(1.0)	(0.9)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	2.7
(63.6)	Liabilities arising from PFIs / Finance Leases	(65.3)	(65.3)	(65.3)	(65.3)	(62.6)	(62.6)	(62.6)	(62.6)	(62.6)	(62.6)	(62.6)	(63.8)	(0.2)
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(406.0)	**Total current liabilities**	**(385.2)**	**(379.9)**	**(402.1)**	**(401.4)**	**(366.1)**	**(366.1)**	**(369.8)**	**(374.4)**	**(364.8)**	**(373.1)**	**(372.8)**	**(360.6)**	**45.4**
(183.1)	**Net current (liabilities) / assets**	**(189.4)**	**(192.7)**	**(197.7)**	**(208.2)**	**(197.2)**	**(199.7)**	**(203.2)**	**(208.1)**	**(197.8)**	**(198.7)**	**(197.8)**	**(165.4)**	**17.7**
1,453.3	**Total assets less current liabilities**	**1,445.7**	**1,436.7**	**1,432.2**	**1,426.0**	**1,455.3**	**1,457.7**	**1,459.9**	**1,462.4**	**1,479.8**	**1,482.2**	**1,485.4**	**1,526.3**	**73.1**
	Non-current liabilities													
(5.3)	Provisions	(5.4)	(5.4)	(5.4)	(5.4)	(5.6)	(5.6)	(5.6)	(5.6)	(5.6)	(5.6)	(5.6)	(5.6)	(0.3)
(1,664.1)	Liabilities arising from PFIs / Finance Leases	(1,715.1)	(1,709.8)	(1,704.0)	(1,698.6)	(1,703.9)	(1,699.0)	(1,694.1)	(1,689.3)	(1,684.4)	(1,679.6)	(1,674.7)	(1,668.6)	(4.5)
0.0	Other Payables	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(1,669.4)	**Total non-current liabilities**	**(1,720.3)**	**(1,715.2)**	**(1,709.4)**	**(1,704.0)**	**(1,709.5)**	**(1,704.6)**	**(1,699.7)**	**(1,694.9)**	**(1,690.0)**	**(1,685.2)**	**(1,680.3)**	**(1,674.1)**	**(4.8)**
(216.1)	**Total Assets Employed**	**(274.6)**	**(278.5)**	**(277.2)**	**(278.0)**	**(254.2)**	**(246.9)**	**(239.8)**	**(232.5)**	**(210.2)**	**(203.0)**	**(194.9)**	**(147.8)**	**68.3**
	Financed by:													
	Taxpayers' equity													
1,133.1	Public dividend capital	1,133.1	1,133.1	1,133.1	1,133.1	1,133.1	1,133.1	1,133.1	1,133.1	1,148.1	1,148.1	1,148.1	1,189.4	56.3
(1,780.8)	Retained earnings	(1,839.2)	(1,843.2)	(1,841.9)	(1,842.7)	(1,818.9)	(1,811.6)	(1,804.5)	(1,797.2)	(1,789.9)	(1,782.7)	(1,774.6)	(1,777.4)	3.4
431.6	Revaluation reserve	431.5	431.6	431.6	431.6	431.6	431.6	431.6	431.6	431.6	431.6	431.6	440.2	8.6
(216.1)	**Total Taxpayers' Equity**	**(274.6)**	**(278.5)**	**(277.2)**	**(278.0)**	**(254.2)**	**(246.9)**	**(239.8)**	**(232.5)**	**(210.2)**	**(203.0)**	**(194.9)**	**(147.8)**	**68.3**

Glossary

2024/25 Priorities & Operational Planning

The key 2024/25 NHS England (NHSE) Urgent and Emergency Care, Elective, Cancer and Diagnostic performance objectives and milestones are set-out in the table opposite. However, a number of high-priority operational standards sit alongside these and include:

Urgent & Emergency Care

- ✓ Systems are also asked to reduce the proportion of waits over 12 hours in A&E compared to 2023/24.
- ✓ NHSE will operate an incentive scheme for providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering over 80% A&E 4-hour performance by the end of the year.
- ✓ Maintain acute G&A beds as a minimum at the level funded and agreed through operating plans in 2023/24

Elective Care

- ✓ Individual system activity targets are the same as those agreed for 2023/24, consistent with the national value weighted activity target of 107%.
- ✓ Make significant improvement towards the 85% day case and 85% theatre utilisation expectations where these are not already being met, using Getting it Right First Time (GIRFT) and moving procedures to the most appropriate settings.
- ✓ Continue to shift the balance of outpatient activity towards clock-stopping, ensuring that the wait to first appointment continues to reduce. To support this, NHSE have introduced a new metric measuring the proportion of all outpatient attendances that are for first or follow-up appointments attracting a procedure tariff (the proportion of activity that is pathway completing). To meet the national ambition of 46% NHSE are asking systems to deliver a 4.5 percentage point improvement against their 2022/23 baseline up to a maximum local ambition of 49%.

The Trust is currently completing performance trajectories and activity plans consistent with delivering the North East London ICB requirements in relation to the national objectives set-out above, with a local submission deadline of 23 April and a national submission deadline of 2 May.

The Operational Performance chapter of this report (pages 18 to 41) will be updated to provide monthly and year to date views of delivery against the performance and activity objectives set out above and opposite for the April 24 edition of the report.

	Objective	Deadline
Urgent & Emergency Care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	Mar-25
Elective Waits	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Sep-25
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	Mar-25
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to a national value of 46% across 2024/25	Mar-25
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025	Mar-25
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Mar-28
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Mar-25

Domain Scorecard Glossary

GLOSSARY

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	R8	Cancer 2 Week Wait	Percentage of patients first seen by a specialist for suspected cancer within two weeks (14 days) of an urgent GP referral for suspected cancer	Monthly	National
Responsive	Waiting Times	R35	Cancer 62 Days From Urgent GP Referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R36	Cancer 62 Days From Screening Programme	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of referral from a NHS Cancer Screening Service. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R6	Diagnostic Waits Over 6 Weeks	The number of patients still waiting for diagnostic tests who had waited 6 weeks or less from the referral date to the end of the calendar month, divided by the total number of patients still waiting for diagnostic tests at the end of the calendar month. Only the 15 key tests included in the Diagnostics Monthly (DM01) national return are included	Monthly	National
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

Domain Scorecard Glossary

GLOSSARY

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Well Led	Compliance	W11	Mandatory and Statutory Training - National	For the 11 Core Skills Training Framework topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local
Well Led	Compliance	W29	Appraisal Rate - Non-Medical Staff	The number of appraisals completed for eligible non-medical staff divided by the number of eligible non-medical staff	Monthly	Local
Well Led	Compliance	W30	Appraisal Rate - Medical Staff	The number of appraisals completed for eligible medical staff divided by the number of eligible medical staff (non-compliant if 2 or more months overdue, otherwise compliant)	Monthly	Local
Caring	Patient Experience	C12	MSA Breaches	The number of patients admitted to mixed sex sleeping accommodation (defined as an area patients are admitted into), except where it was in the overall best interest of the patient or reflected their personal choice	Monthly	National
Caring	Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	The number of initial reportable complaints received by the trust per 1,000 whole time equivalent staff (WTEs), i.e. the number of initial reportable complaints divided by the number of WTEs which has been multiplied by 1,000	Quarterly	SPC breach
Caring	Patient Feedback	C1	FFT Recommended % - Inpatients	The number of patients who responded that they were extremely likely or likely to recommend the inpatient service they received to friends and family, divided by the total number of patients who responded to the inpatient Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C2	FFT Recommended % - A&E	The number of patients who responded that they were extremely likely or likely to recommend the A&E service they received to friends and family, divided by the total number of patients who responded to the A&E Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C3	FFT Recommended % - Maternity	The number of patients who responded that they were extremely likely or likely to recommend the maternity (birth) service they received to friends and family, divided by the total number of patients who responded to the maternity (birth) Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C20	FFT Response Rate - Inpatients	The total number of patients who responded to the inpatient Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the inpatient FFT (i.e. all inpatient discharges in the reporting period)	Monthly	Local
Caring	Patient Feedback	C21	FFT Response Rate - A&E	The total number of patients who responded to the A&E Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the A&E FFT (i.e. all A&E attendances in the reporting period)	Monthly	Local
Caring	Patient Feedback	C22	FFT Response Rate - Maternity	The total number of patients who responded to the maternity (birth) Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the maternity (birth) FFT (i.e. all delivery episodes in the reporting period)	Monthly	Local
Caring	Patient Feedback	OH4	CQC Inpatient Survey	The overall experience score of patients from the CQC inpatient survey, based on the question "Patients who rated their experience as 7/10 or more"	Yearly	National average
Caring	Service User Support	R78	Complaints Replied to in Agreed Time	The number of initial reportable complaints replied to within the agreed number of working days (as agreed with the complainant). The time agreed for the reply might be 25 working days or might be another time such as 40 working days	Monthly	Local

Domain Scorecard Glossary

GLOSSARY

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Caring	Service User Support	R30	Duty of Candour	The percentage of patient incidents (where harm was moderate, severe or death) where an apology was offered to the patient within 2 weeks (14 calendar days) of the date the incident was reported	Monthly	National
Safe	Infection Control	S10	Clostridium difficile - Infection Rate	The number of Clostridium difficile (C.difficile) infections reported in people aged two and over and which were apportioned to the trust per 100,000 bed days (inpatient bed days with day cases counted as 1 day each)	Monthly	National
Safe	Infection Control	S11	Clostridium difficile - Incidence	The number of Clostridium difficile (C.difficile) infections reported in people aged two and over and which were apportioned to the trust	Monthly	National
Safe	Infection Control	S2	Assigned MRSA Bacteraemia Cases	The number of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias which can be directly associated to the trust	Monthly	Local
Safe	Infection Control	S77	MSSA Bacteraemias	The number of Methicillin-susceptible Staphylococcus aureus (MSSA) bacteraemias which can be directly associated to the trust	Monthly	Local
Safe	Infection Control	S76	E.coli Bacteraemia Bloodstream Infections	The number of Escherichia coli (E.coli) bacteraemia bloodstream infections at the trust (i.e. for which the specimen was taken by the trust)	Monthly	Local
Safe	Incidents	S3	Never Events	The number of never events reported via the Strategic Executive Information System (STEIS)	Monthly	Local
Safe	Incidents	S09	% Incidents Resulting in Harm (Moderate Harm or More)	The number of patient-related incidents occurring at the trust which caused harm (not including those which only caused low harm) divided by the total number of patient-related incidents occurring at the trust	Monthly	Local
Safe	Incidents	S45	Falls Per 1,000 Bed Days	The total number of patient falls occurring at the trust per 1,000 inpatient bed days, i.e. the total number of patient falls occurring at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	National
Safe	Incidents	S25	Medication Errors - Percentage Causing Harm	The number of medication error incidents occurring at the trust which caused harm divided by the total number of medication error incidents occurring at the trust	Monthly	Local
Safe	Incidents	S49	Patient Safety Incidents Per 1,000 Bed Days	The number of reported patient safety incidents per 1,000 bed days. This is the NHS Single Oversight Framework metric "Potential Under-Reporting of Patient Safety Incidents"	Monthly	SPC breach
Safe	Incidents	S53	Serious Incidents Closed in Time	Percentage of serious incidents investigated and closed on the Strategic Executive Information System (StEIS) before the deadline date (this is usually 60 working days after opening but is sometimes extended, e.g. in the case of a police investigation). De-escalated serious incidents are not included	Monthly	Local
Safe	Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	The number of new category 2, 3, 4 or unstageable pressure ulcers acquired at the trust (including those which occurred at the trust and those which deteriorated to one of those categories at the trust) per 1,000 inpatient bed days, i.e. the number of new category 2, 3, 4 or unstageable pressure ulcers acquired at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	Local
Safe	Harm Free Care	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	The number of new category 2, 3, 4 or unstageable medical device-related pressure ulcers acquired at the trust (including those which occurred at the trust and those which deteriorated to one of those categories at the trust) per 1,000 inpatient bed days, i.e. the number of new category 2, 3, 4 or unstageable medical device-related pressure ulcers acquired at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	SPC breach

Domain Scorecard Glossary

GLOSSARY

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	S7	Dementia - Referrals	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (with an outcome of “positive” or “inconclusive”) and who have been referred for further diagnostic advice in line with local pathways	Monthly	National
Safe	Saving Lives	S87	Saving Lives: Central Venous Catheter Care Bundle (Continuing Care)	The percentage of central venous catheter care bundle audits carried out (for patients with continuing care) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter injection ports, catheter access, catheter replacement, hand hygiene, etc.	Monthly	TBC
Safe	Saving Lives	S88	Saving Lives: Central Venous Catheter Care Bundle (On Insertion)	The percentage of central venous catheter care bundle audits carried out (on insertion of catheters) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter type, insertion site, safe disposal of sharps, hand hygiene, etc.	Monthly	TBC
Effective	Mortality	E1	Summary Hospital-Level Mortality Indicator	The ratio between the actual number of patients who died following hospitalisation at the trust and the number who would be expected to die on the basis of average England figures (given the characteristics of the patients treated at the trust), multiplied by 100	Monthly	National
Effective	Mortality	E3	Risk Adjusted Mortality Index	The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100, at trust level. This metric considers mortality on weekdays and weekends	Monthly	National
Effective	Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	The number of 2222 emergency calls which were for cardiac arrests on wards (including medical emergencies leading to cardiac arrests) per 1,000 admissions, i.e. the number of calls divided by the number of admissions which has been multiplied by 1,000	Monthly	Local

Workforce Summary Glossary

Sub-Section	Metric	Description	Notes
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	Contracted substantive WTE (plus Bank and Agency, less maternity leave) as a % of total budgeted WTE	The target is <= 100% but the figure is also of concern if it falls too far below 100% so an amber rating is applied if the figure is < 95%
Planned vs Actual WTE	Staff in Post - Actual	Substantive staff in post - actual	
Planned vs Actual WTE	Staff in Post - Plan	Substantive staff in post - plan	
Planned vs Actual WTE	Bank WTE - Actual	Bank Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Total Staffing - Actual	Substantive staff in post plus bank WTE plus agency WTE (actual)	
Planned vs Actual WTE	Total Staffing - Plan	Substantive staff in post plus bank WTE plus agency WTE (plan)	
Recruitment Plans	Substantive Fill Rate - Actual	Percentage of substantive staff in post against the substantive and locum establishment - actual	
Recruitment Plans	Substantive Fill Rate - Plan	Percentage of substantive staff in post against the substantive and locum establishment - plan	
Recruitment Plans	Unconditional Offers - Actual	Offers achieved	
Recruitment Plans	Unconditional Offers - Plan	Offers planned	
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	Percentage of rosters fully approved between 42 and 70 days in advance of the roster starting, for units with 20 WTE or more	Based on the week in which the roster was due to be approved
Rosters	Nursing Roster Quality - % Blue or Cloudy Sky	Percentage of rosters with good data quality based on 6 domains such as budget, safety, annual leave, etc. "Blue Sky" and "Cloudy Sky" rosters meet 5 or 4 of the domains respectively	Based on the week in which the roster was due to be approved
Rosters	Additional Duty Hours (Nursing)	Total nursing additional duty hours	No target can be set due to the nature of this metric
Diversity	% of BME Staff at Band 8a to VSM	Percentage of whole time equivalent staff from band 8a to very senior managers (VSM) who are black and minority ethnic	

Appendix

Interpretation SPC Charts

APPENDIX

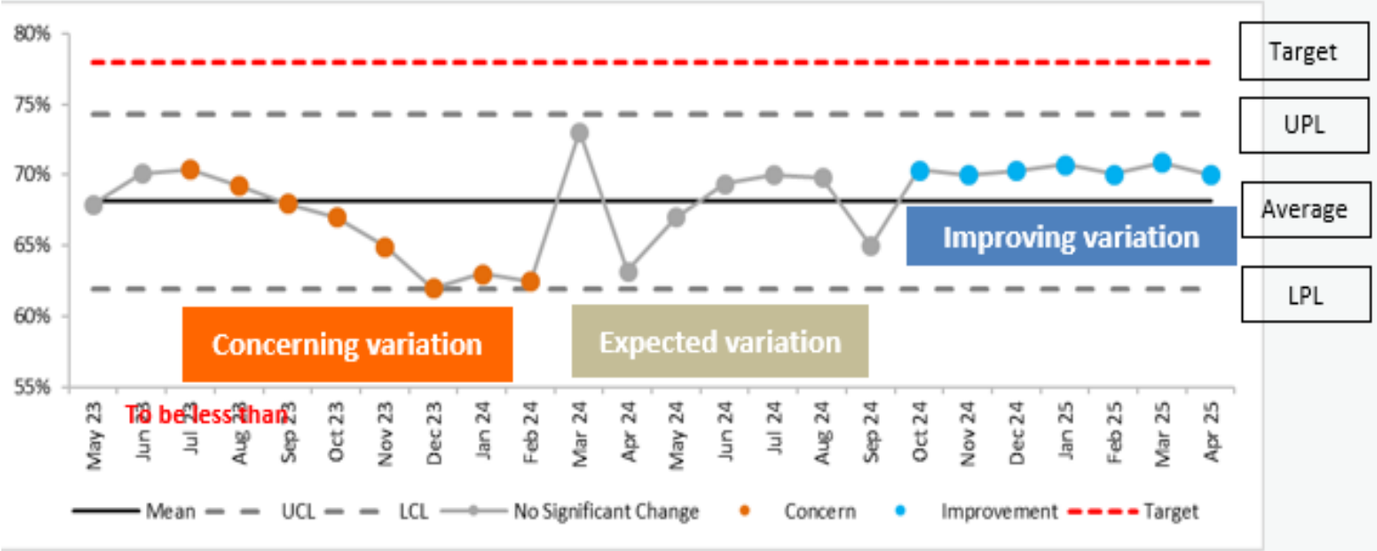
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated and improvement actions implemented;

Blue – there is a pattern of improvement which should be learnt from;

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable.



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Barts Health Performance Scorecard - Summary

APPENDIX

	NOF SCORE			Trust Performance			NOF			
ACCESS TO SERVICES	3.0	Metric	Latest data	Barts latest performance	Barts agreed trajectory	SPC Trend (monthly - 24 months)	Current NOF	NOF stretch	Objective	Variance to objective
		18 Week RTT Compliance (Incomplete)	Jun-25	57.6%	53.5%	Improvement	3.2	2	59.5%	-1.9%

Aggregated NOF score, provided by NHS England for each domain

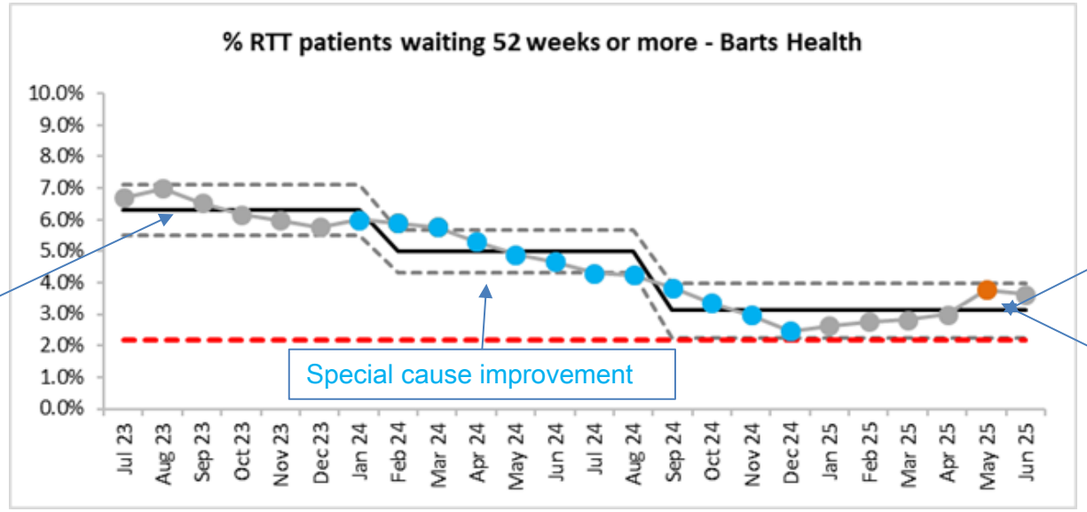
Latest performance Vs. Barts Health operational plan trajectory as submitted in the annual plan

SPC trend determined by evaluating the latest data point variation SPC type by Making Data Count methodology

This describes the current NOF score as available in the model health data set based on most recent segmentation outcome.

This identifies the next NOF segment improvement target

Estimated performance sufficient to move from the current NOF segment to the next higher segment. In this example targeting a benchmark of ≥59.5%, which represents the median performance across Trusts.



Common cause (no change)

Special cause improvement

Target line - based on the NOF stretch position

Special cause concern

Safe Staffing Fill Rates by Ward and Site

APPENDIX

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10E RLH	2,126.0	2,100.5	1,035.0	1,564.0	2,070.0	2,060.5	1,035.0	1,564.0	98.8%	151.1%	99.5%	151.1%	780	5.3	4.0	9.3
Royal London	10F RLH	1,079.5	1,418.7	720.0	792.0	990.0	1,023.0	330.0	739.0	131.4%	110.0%	103.3%	223.9%	501	4.9	3.1	7.9
Royal London	11C RLH	2,757.0	2,743.0	1,380.0	1,477.0	2,760.0	2,864.0	690.0	1,104.0	99.5%	107.0%	103.8%	160.0%	720	7.8	3.6	11.4
Royal London	11E & 11F AAU	3,687.5	4,387.3	1,725.0	1,835.2	3,450.0	4,165.0	1,380.0	1,909.0	119.0%	106.4%	120.7%	138.3%	1,375	6.2	2.7	8.9
Royal London	12C RLH	1,805.5	2,250.0	1,380.0	1,429.3	1,771.0	2,245.7	1,035.0	1,412.1	124.6%	103.6%	126.8%	136.4%	758	5.9	3.7	9.7
Royal London	12D RLH	1,380.0	1,779.0	1,023.5	1,254.0	1,380.0	1,794.0	690.0	1,278.0	128.9%	122.5%	130.0%	185.2%	521	6.9	4.9	11.7
Royal London	12E RLH	2,663.5	2,993.8	1,380.0	1,347.8	2,415.0	2,737.5	1,380.0	1,381.5	112.4%	97.7%	113.4%	100.1%	705	8.1	3.9	12.0
Royal London	12F RLH	1,963.5	2,064.5	1,723.0	1,897.5	1,725.0	1,920.5	1,725.0	2,035.5	105.1%	110.1%	111.3%	118.0%	803	5.0	4.9	9.9
Royal London	13C RLH	1,874.5	2,117.5	690.0	1,197.7	1,725.0	1,978.0	690.0	1,449.5	113.0%	173.6%	114.7%	210.1%	771	5.3	3.4	8.7
Royal London	13D RLH	1,720.0	2,793.5	690.0	782.0	1,380.0	2,556.0	690.0	736.0	162.4%	113.3%	185.2%	106.7%	726	7.4	2.1	9.5
Royal London	13E RLH	1,955.0	2,393.8	678.5	968.0	1,621.5	2,150.5	690.0	1,046.5	122.4%	142.7%	132.6%	151.7%	714	6.4	2.8	9.2
Royal London	13F RLH	1,725.0	2,036.5	931.5	1,173.0	1,725.0	1,728.0	690.0	1,242.0	118.1%	125.9%	100.2%	180.0%	696	5.4	3.5	8.9
Royal London	14E & 14F RLH	3,875.0	3,783.5	2,127.5	2,484.0	2,760.0	3,047.5	2,070.0	2,701.0	97.6%	116.8%	110.4%	130.5%	1,546	4.4	3.4	7.8
Royal London	3D RLH	4,288.0	4,442.5	2,622.0	2,818.5	3,427.0	3,680.0	2,070.0	2,139.0	103.6%	107.5%	107.4%	103.3%	1,287	6.3	3.9	10.2
Royal London	3E RLH	2,070.0	2,349.5	1,035.0	1,357.0	2,070.0	2,302.0	1,035.0	1,437.5	227.0%	262.2%	222.4%	277.8%	1,580	11.8	7.1	18.9
Royal London	3F RLH	2,151.7	2,225.5	690.0	642.5	1,981.0	2,081.5	644.0	620.2	103.4%	93.1%	105.1%	96.3%	298	14.5	4.2	18.7
Royal London	4E RLH	13,393.9	13,539.1	644.0	667.0	13,443.5	13,383.3	345.0	574.3	202.2%	207.1%	199.1%	332.9%	2,430	44.3	2.0	46.4
Royal London	6C RLH	2,543.8	2,501.0	172.5	218.5	2,276.0	2,164.8	218.5	336.0	98.3%	126.7%	95.1%	153.8%	173	27.0	3.2	30.2
Royal London	6E RLH	1,400.0	1,976.8	690.0	626.0	1,380.0	1,744.3	345.0	347.0	141.2%	90.7%	126.4%	100.6%	340	10.9	2.9	13.8
Royal London	6F RLH	3,413.5	3,192.1	686.5	632.5	3,438.5	3,440.0	690.0	690.0	93.5%	92.1%	100.0%	100.0%	484	13.7	2.7	16.4
Royal London	7C RLH	1,380.0	1,391.5	575.0	1,393.5	1,035.0	1,058.0	552.0	1,240.5	100.8%	242.3%	102.2%	224.7%	439	5.6	6.0	11.6
Royal London	7D RLH	1,667.5	1,692.8	678.5	1,092.5	1,382.0	1,430.3	690.0	1,184.5	101.5%	161.0%	103.5%	171.7%	379	8.2	6.0	14.2
Royal London	7E RLH	2,725.5	2,788.8	1,019.3	1,844.3	2,392.0	2,393.5	1,069.5	2,056.9	102.3%	180.9%	100.1%	192.3%	627	8.3	6.2	14.5
Royal London	7F RLH	2,007.0	2,410.6	471.5	529.0	1,725.0	2,162.0	345.0	519.5	120.1%	112.2%	125.3%	150.6%	452	10.1	2.3	12.4
Royal London	8C RLH	1,889.5	2,015.5	686.0	649.1	1,380.0	1,529.5	688.0	667.0	106.7%	94.6%	110.8%	96.9%	583	6.1	2.3	8.3
Royal London	8D RLH	8,792.0	8,775.0	437.0	0.0	7,905.0	7,926.3	0.0	11.5	99.8%	0.0%	100.3%		1,214	13.8	0.0	13.8
Royal London	8F RLH	1,698.5	1,647.0	1,042.5	1,008.0	1,035.0	1,036.0	1,035.0	1,035.0	97.0%	96.7%	100.1%	100.0%	1,442	1.9	1.4	3.3
Royal London	9E RECA	1,034.5	1,126.5	345.0	299.0	1,023.5	1,127.0	345.0	345.0	108.9%	86.7%	110.1%	100.0%	178	12.7	3.6	16.3
Royal London	9E RLH	1,725.0	1,960.0	690.0	828.0	1,380.0	1,656.0	690.0	908.5	113.6%	120.0%	120.0%	131.7%	644	5.6	2.7	8.3
Royal London	9F RLH	1,725.0	1,998.5	690.0	897.0	1,380.0	1,655.0	690.0	992.0	115.9%	130.0%	119.9%	143.8%	612	6.0	3.1	9.1

Safe Staffing Fill Rates by Ward and Site

APPENDIX

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	5,674.5	5,599.9	2,760.0	2,618.3	5,175.0	5,329.1	2,760.0	2,488.7	98.7%	94.9%	103.0%	90.2%	1,304	8.4	3.9	12.3
Whipps Cross	ACACIA	931.5	946.5	448.5	439.5	683.0	689.5	690.0	701.5	101.6%	98.0%	101.0%	101.7%	339	4.8	3.4	8.2
Whipps Cross	Acorn	3,577.5	2,576.0	345.0	495.5	2,760.0	2,312.0	345.0	322.0	72.0%	143.6%	83.8%	93.3%	407	12.0	2.0	14.0
Whipps Cross	B3 WARD WXH	1,276.5	1,288.0	1,030.0	1,003.5	1,035.0	1,034.5	690.0	885.5	100.9%	97.4%	100.0%	128.3%	516	4.5	3.7	8.2
Whipps Cross	BIRCH	1,035.0	1,276.2	1,034.0	1,046.5	1,035.0	1,000.3	690.0	690.0	123.3%	101.2%	96.7%	100.0%	517	4.4	3.4	7.8
Whipps Cross	BLACKTHORN	1,035.0	1,240.3	1,035.0	1,194.0	1,035.0	1,035.0	690.0	780.0	119.8%	115.4%	100.0%	113.0%	501	4.5	3.9	8.5
Whipps Cross	Bracken Ward WXH	1,275.0	1,240.5	1,035.0	1,058.0	1,035.0	954.5	690.0	805.0	97.3%	102.2%	92.2%	116.7%	500	4.4	3.7	8.1
Whipps Cross	Cedar	1,380.0	1,325.5	1,368.5	1,396.0	1,035.0	1,035.0	1,023.5	1,069.5	96.1%	102.0%	100.0%	104.5%	496	4.8	5.0	9.7
Whipps Cross	CHESTNUT	954.5	942.5	345.0	1,012.0	690.0	1,023.5	345.0	1,003.2	98.7%	293.3%	148.3%	290.8%	326	6.0	6.2	12.2
Whipps Cross	Conifer	1,380.0	1,357.0	1,380.0	1,311.0	1,035.0	1,035.0	1,035.0	1,207.5	98.3%	95.0%	100.0%	116.7%	425	5.6	5.9	11.6
Whipps Cross	CURIE	1,380.0	1,369.3	1,035.0	1,230.5	1,035.0	977.3	1,035.0	1,311.0	99.2%	118.9%	94.4%	126.7%	532	4.4	4.8	9.2
Whipps Cross	DELIVERY SUITE WXH	6,464.5	5,872.5	1,380.0	1,074.5	5,175.0	5,043.0	1,380.0	1,254.5	90.8%	77.9%	97.4%	90.9%	405	27.0	5.8	32.7
Whipps Cross	ELIZABETH	1,621.5	1,756.0	345.0	404.0	1,380.0	1,508.0	345.0	345.0	108.3%	117.1%	109.3%	100.0%	519	6.3	1.4	7.7
Whipps Cross	FARADAY	1,356.0	1,298.0	678.5	747.5	1,380.0	1,138.5	345.0	598.0	95.7%	110.2%	82.5%	173.3%	420	5.8	3.2	9.0
Whipps Cross	ICU WXH	6,706.5	4,686.7	1,332.0	480.0	6,171.0	4,290.0	1,320.0	451.0	139.8%	72.1%	139.0%	68.3%	528	68.0	7.1	75.1
Whipps Cross	MARGARET	1,037.0	1,037.0	345.0	345.0	690.0	690.0	345.0	609.5	100.0%	100.0%	100.0%	176.7%	307	5.6	3.1	8.7
Whipps Cross	MULBERRY	2,185.5	2,147.5	1,659.0	1,182.0	1,356.0	1,531.5	1,380.0	1,242.0	98.3%	71.2%	112.9%	90.0%	895	4.1	2.7	6.8
Whipps Cross	NEONATAL WXH	2,766.5	2,560.4	391.0	262.4	2,385.0	2,330.5	0.0	0.0	92.6%	67.1%	97.7%		429	11.4	0.6	12.0
Whipps Cross	PEACE	1,621.5	1,552.5	1,380.0	1,439.5	1,035.0	1,046.5	1,035.0	1,104.0	95.7%	104.3%	101.1%	106.7%	467	5.6	5.4	11.0
Whipps Cross	Poplar	1,725.0	1,621.0	1,035.0	1,207.5	1,380.0	1,276.5	1,035.0	943.0	94.0%	116.7%	92.5%	91.1%	570	5.1	3.8	8.9
Whipps Cross	Primrose	1,713.5	1,759.5	1,380.0	1,621.5	1,380.0	1,414.5	1,035.0	1,667.5	102.7%	117.5%	102.5%	161.1%	778	4.1	4.2	8.3
Whipps Cross	ROWAN	1,725.0	1,725.0	1,401.5	1,650.5	1,380.0	1,372.0	1,035.0	1,667.5	100.0%	117.8%	99.4%	161.1%	786	3.9	4.2	8.2
Whipps Cross	SAGE	1,621.5	1,702.0	1,411.0	1,631.5	1,380.0	1,437.5	1,035.0	1,263.8	105.0%	115.6%	104.2%	122.1%	701	4.5	4.1	8.6
Whipps Cross	Sycamore	1,621.5	1,620.5	1,370.5	1,446.5	1,380.0	1,380.0	1,035.0	1,184.5	99.9%	105.5%	100.0%	114.4%	781	3.8	3.4	7.2
Whipps Cross	SYRINGA	1,380.0	1,840.0	1,667.5	1,616.0	1,035.0	1,610.0	1,380.0	1,541.0	133.3%	96.9%	155.6%	111.7%	514	6.7	6.1	12.9

Safe Staffing Fill Rates by Ward and Site

APPENDIX

		Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site	Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	BECKTON	1,263.5	1,263.5	1,035.0	1,035.0	1,035.0	1,035.0	0.0	46.0	100.0%	100.0%	100.0%		365	6.3	3.0	9.3
Newham	Custom House NUH	1,380.0	1,380.0	1,031.0	1,113.6	1,035.0	1,035.0	1,035.0	1,150.0	100.0%	108.0%	100.0%	111.1%	587	4.1	3.9	8.0
Newham	DELIVERY SUITE NUH	5,006.3	4,933.4	690.0	677.8	4,818.5	4,826.8	690.0	687.2	98.5%	98.2%	100.2%	99.6%	686	14.2	2.0	16.2
Newham	Gallions Reach (ITU)	4,136.5	4,062.5	690.0	653.3	4,139.0	4,096.0	690.0	667.0	98.2%	94.7%	99.0%	96.7%	302	27.0	4.4	31.4
Newham	HEATHER	2,070.0	2,101.5	1,380.0	1,610.0	1,725.0	1,748.0	1,265.0	1,644.5	101.5%	116.7%	101.3%	130.0%	719	5.4	4.5	9.9
Newham	LARCH	3,377.5	3,438.8	1,607.0	1,492.0	2,104.5	2,425.8	1,380.0	1,359.0	101.8%	92.8%	115.3%	98.5%	1,900	3.1	1.5	4.6
Newham	Manor Park	1,380.0	1,385.2	847.5	701.5	1,380.0	1,380.0	690.0	690.0	100.4%	82.8%	100.0%	100.0%	454	6.1	3.1	9.2
Newham	MAPLE	1,034.5	1,010.5	690.0	667.0	1,035.0	1,023.5	690.0	678.5	97.7%	96.7%	98.9%	98.3%	197	10.3	6.8	17.2
Newham	NEONATAL NUH	3,362.5	2,971.0	0.0	0.0	2,898.0	2,720.5	0.0	0.0	88.4%		93.9%		524	10.9	0.0	10.9
Newham	NUH MIDWIFERY	1,023.5	1,024.1	345.0	274.0	1,035.0	1,028.6	345.0	346.0	100.1%	79.4%	99.4%	100.3%	182	11.3	3.4	14.7
Newham	NUH Upton Park	2,412.0	2,178.8	1,380.0	1,546.4	2,415.0	2,415.0	1,380.0	1,390.5	90.3%	112.1%	100.0%	100.8%	752	6.1	3.9	10.0
Newham	PLASHET	1,725.0	1,744.3	1,035.0	1,160.5	1,380.0	1,368.5	1,035.0	1,260.0	101.1%	112.1%	99.2%	121.7%	743	4.2	3.3	7.4
Newham	RAINBOW	2,782.5	2,655.5	1,093.0	945.5	1,725.0	1,837.1	345.0	391.0	95.4%	86.5%	106.5%	113.3%	257	17.5	5.2	22.7
Newham	Silvertown	1,725.0	1,744.3	1,035.0	1,069.5	1,380.0	1,539.0	1,035.0	1,058.0	101.1%	103.3%	111.5%	102.2%	623	5.3	3.4	8.7
Newham	Stratford	1,371.5	1,377.0	1,035.0	1,083.0	1,380.0	1,391.5	1,035.0	1,152.0	100.4%	104.6%	100.8%	111.3%	460	6.0	4.9	10.9
Newham	Tayberry	1,721.0	1,665.5	1,380.0	1,401.5	1,380.0	1,380.0	1,288.0	1,426.0	96.8%	101.6%	100.0%	110.7%	745	4.1	3.8	7.9
Newham	THISTLE	1,722.5	1,719.0	1,376.5	1,372.5	1,380.0	1,368.5	1,253.5	1,425.5	99.8%	99.7%	99.2%	113.7%	753	4.1	3.7	7.8
St Bart's	1C	5,783.0	5,044.0	345.0	345.0	5,520.0	4,728.5	184.0	172.5	87.2%	100.0%	85.7%	93.8%	362	27.0	1.4	28.4
St Bart's	1D	3,105.0	2,551.5	345.0	356.5	2,760.0	2,530.0	345.0	322.0	82.2%	103.3%	91.7%	93.3%	333	15.3	2.0	17.3
St Bart's	1E	4,826.5	4,073.0	345.0	276.0	4,817.5	4,047.0	345.0	333.5	84.4%	80.0%	84.0%	96.7%	256	31.7	2.4	34.1
St Bart's	3A SBH	4,830.0	4,462.0	1,380.0	1,318.5	4,830.0	4,398.8	1,380.0	1,368.5	92.4%	95.5%	91.1%	99.2%	864	10.3	3.1	13.4
St Bart's	3D SBH	1,518.0	1,768.0	1,173.0	1,380.0	1,460.5	1,460.5	931.5	908.5	116.5%	117.6%	100.0%	97.5%	481	6.7	4.8	11.5
St Bart's	4A SBH	1,725.0	1,690.5	1,035.0	943.0	1,380.0	1,368.5	345.0	678.5	98.0%	91.1%	99.2%	196.7%	667	4.6	2.4	7.0
St Bart's	4B SBH	1,537.5	1,695.0	1,188.5	1,149.0	1,380.0	1,566.0	690.0	713.0	110.2%	96.7%	113.5%	103.3%	564	5.8	3.3	9.1
St Bart's	4C SBH	1,725.0	1,621.5	931.5	851.0	1,380.0	1,276.5	931.5	885.5	94.0%	91.4%	92.5%	95.1%	552	5.3	3.1	8.4
St Bart's	4D & 4E SBH	1,621.5	1,411.5	690.0	586.5	1,575.5	1,081.0	690.0	667.0	87.0%	85.0%	68.6%	96.7%	384	6.5	3.3	9.8
St Bart's	5A SBH	1,928.0	1,985.5	832.5	983.9	1,419.0	1,413.7	330.0	353.5	103.0%	118.2%	99.6%	107.1%	574	5.9	2.3	8.3
St Bart's	5B SBH	1,380.0	1,345.5	690.0	690.0	1,035.0	1,034.5	345.0	437.0	97.5%	100.0%	100.0%	126.7%	391	6.1	2.9	9.0
St Bart's	5C SBH	2,070.0	2,096.6	687.5	780.5	1,725.0	1,721.0	345.0	611.5	101.3%	113.5%	99.8%	177.2%	582	6.6	2.4	9.0
St Bart's	5D SBH	2,070.0	2,007.8	690.0	678.5	1,723.5	1,674.0	690.0	724.5	97.0%	98.3%	97.1%	105.0%	707	5.2	2.0	7.2
St Bart's	6A SBH	6,252.7	5,425.2	345.0	345.0	6,221.5	5,474.0	345.0	322.0	86.8%	100.0%	88.0%	93.3%	343	31.8	1.9	33.7
St Bart's	6D SBH	1,441.0	1,373.3	690.0	655.5	1,046.5	1,061.0	690.0	678.5	95.3%	95.0%	101.4%	98.3%	505	4.8	2.6	7.5

Report to the Trust Board: 15 September 2025	TB 69-25a

Title	Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Pay Gap Reporting
Accountable Director	Ajit Abraham, Group Director of Equity and Inclusion and Daniel Waldron, Group Director of People
Author(s)	Del Mehet, Group Deputy Director of People Asha Blake, Workforce Programme Manager Andy Small, Programme Manager
Purpose	To provide the statutory 24/25 WRES, WDES and Pay Gap reports for approval/attention.
Previously considered by	Inclusion Board (August 25)

Executive Summary

It is a requirement for all NHS Trusts to submit the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data centrally and publish an annual report on progress towards equality.

Separately, all British organisations employing more than 250 people are required to submit their gender pay gap data to the Department for Work and Pensions, which is available publicly. In addition, NHS Trusts are required to publish this data alongside pay gap data for ethnicity and disability, together with action plans to address any disparities.

By reviewing these reports together, we can identify the underlying issues that stand in the way of our goal of becoming a truly inclusive organisation. We also have the opportunity to integrate the actions identified in these various reports to have a greater impact in addressing the issues we have identified.

While these reports fulfil our statutory requirement to publish our WRES data, they should also be seen in the wider context of our WeBelong strategy. WeBelong sets out our commitment to building a more compassionate, inclusive and equitable culture across Barts Health. The findings within this paper contribute to that broader journey, helping us to understand where progress is being made and where further action is required. A more detailed update on WeBelong, and the impact of our work to date, will be presented to the Board in January for wider discussion and reflection.

The insights from this year's reports show an overall improving situation for most of the measures captured, whilst also highlighting a number of areas where we are not yet seeing any progress or improvements. The reports will be published on our website and made publicly accessible, and the findings are used across the organisation to work with our people and develop our ongoing plans to deliver the ambition of WeBelong. This paper presents three

separate reports covering WRES, WDES and pay gaps as appendices to fulfil this requirement.

Key findings from these reports and actions we are taking in this year's action plans are summarised as:

Pay Gaps

- The median gender pay gap has declined significantly since we first started reporting the measure; the current pay gap is 3.3%, a reduction from 13.3% in 2017.
- Based on benchmarking against other London Trusts, Barts Health ranks among the top two Trusts in relation to the median GPG.
- For the ethnicity pay gap, the 2025 snapshot shows a significant median gap of 20.6% between White and Black, Asian and minority ethnic colleagues — a figure that has increased since last year's report.
- This is the first year that a pay gap for disability has been calculated, with a median pay gap of 5.5%. We currently have no benchmark or trend information to contextualise this figure.

Actions to address the disparities that have been identified through this reporting include:

- Extending the group within the Trust that is taking a lead on our plan to encompass all pay gap reporting. The Pay Equity Task and Finish Group will now be led by a Hospital People Director and a co-chair from the BME Network and will consider the intersectional issues driving the pay gaps.
- Leading analysis of the data to understand pay gaps for all protected characteristics, focusing on gender, ethnicity, and disability over the next 12 months.
- Identifying and addressing the 'pinch points' where representation in more senior roles drops off, as this is a key driver of the disparity in pay.

WRES

- We have seen improvements in six of the ten metrics compared to the previous year, and improvements in nine of the ten measures compared with the position six years ago.
- Levels of bullying and discrimination experienced by Black, Asian or minority ethnic colleagues from other colleagues have been on a downward trajectory since the WRES first started. Bullying has declined to 28.3% and discrimination to 16.3%.
- Belief in the fairness of opportunities for career progression has been on an upward trend over the last seven years. The figure for 2025 was 44.8%, up from 41.2% in 2019.
- There is continued, though gradual, growth in the representation of Black, Asian or minority ethnic people in senior roles. Board representation has increased to 25% and representation in 8a+ roles has increased to 39.8%.
- The relative likelihood of White staff being appointed from shortlisting compared to BME staff has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x).

The actions to continue to improve scores in this year's plan include:

- Transforming the recruitment process to remove bias from decision-making. This will include moving away from the traditional interview format and consistently adopting more inclusive, values-based and scenario-based approaches.
- Building on learning from the Inclusive Recruitment Programme at Imperial College Healthcare NHS Trust, we will introduce additional scrutiny and check-and-challenge

mechanisms into the recruitment process for senior appointments.
- We will also refresh training for our Inclusion Ambassadors, with a focus on bias interruption and influencing, to ensure they are equipped with the skills and confidence to fully participate in decision-making and to challenge bias effectively.
- Building a talent management and succession planning framework integrated into the annual appraisal cycle.
- Strengthening the interface between the Group and Hospitals through the business partner model, ensuring a joined-up and collaborative approach that enables local embedding and implementation of group-wide strategic inclusion priorities.

WDES

- This year's set of WDES metrics shows continued improvement, building on the significant progress seen in last year's results.
- Of the 13 metrics covered, eight showed an improvement compared to the previous year and nine showed an improvement compared to the scores from the 2019 report.
- Since 2019, the level of representation of disabled people at the Trust has improved from 2.0% to 4.8%, and there is an over-representation of disabled people in more senior roles.
- There are positive indicators relating to the likelihood of being appointed from shortlisting. This year's figure remains within the range of 0.8–1.2 for the fourth year running.
- In addition, there is continued progress with fewer disabled people feeling pressure to come to work when unwell — a reduction from 39.5% two years ago to 23.3% this year. An increasing percentage of disabled staff also report they can access the adjustments they need to do their role, which has risen to 65.4%.

The actions to continue to improve scores in this year's plan include:

- Embedding the impact of the newly created Disability Policy and Workplace Adjustments Standard Operating Procedure through a broad awareness and communications campaign.
- Ensuring that the progress seen in improving the recruitment process is maintained by refreshing and extending inclusive recruitment training, and better targeting our Disability Fundamentals training to line managers in hotspot areas for action.
- Targeting support for disabled people, including improving access to workplace adjustments and effectively rolling out the new neurodiversity workplace assessments.

We will build on the work we have already done to deliver the WeBelong ambitions, and work with our Staff Diversity Networks, the Inclusion Board, Hospital Executive Boards and Equality and Inclusion Committees to develop targeted action plans addressing the areas these reports identify.

Action required:

The Trust Board is asked to:

- Approve the papers which will then be published on our website.
- Note the WRES, WDES and pay gap action plans for 2025-26.

WeCare

WeBelong

Becoming a truly inclusive organisation

NHS

Barts Health

NHS Trust

NHS Workforce Race Equality Standard

Barts Health NHS Trust

Data Summary and Action Plan

2024 / 2025

Summary report covering data from the period 1st April 2024 – 31st March 2025.

1. Background

The NHS Workforce Race Equality Standard (WRES) is published annually and is an essential tool in supporting the NHS to be an inclusive and fair workplace. It helps evaluate progress and identify areas where further improvement is needed. The 2025 report is the latest version; previous years reports can be found on our Trust website.

The report utilises data from the electronic staff record and the NHS Staff Survey to bring together a national picture of race across the NHS. Local data reports are also sent to individual organisations to support them to make improvements. NHS England's Equality, Diversity and Inclusion improvement plan, published in 2023, is our pathway to support further progress through NHS systems. The plan sets out six actions for systems to create an environment where staff feel they belong, can safely raise concerns, and are empowered to deliver the best care to our patients.

As we work to make the NHS an inclusive and fair workplace, the WRES and Workforce Disability Equality Standard (WDES) remain essential tools for evaluating our progress and identifying areas where further improvement is needed. They provide a critical framework to ensure equality of opportunity is not just something we talk about but is central to our organisational culture, policies, and practices.

Note on terminology: in relation to the WRES, Barts Health uses the terms BME and BAME to follow the WRES technical guidance that ensures consistent data collection and analysis across the NHS.

2. Our Context

Barts Health is one of the largest Trusts in the country and one of Britain's leading healthcare providers. With a diverse workforce of over 20,000 staff, in addition to volunteers, students, and contractors, the WRES provides a valuable insight into the challenges of inclusion and diversity across our workforce.

Like most Trusts in North East London, Barts Health has a workforce that is predominantly comprised of people from a Black, Asian and Minority Ethnic (BME) background. According to data from the period this report covers, 29% of our staff are White, 26% are Asian, 22% are Black, 3% are from a mixed heritage background and 9% were from 'other' ethnic backgrounds. The ethnicity of 11% of our workforce is unknown.

Many of the inequality gaps highlighted in this report are not unique to Barts Health; they are widespread across the NHS and society. By continuing to publish the extent of our own inequalities, we hope to give further recognition to this agenda and be open with our own challenges as a positive step towards addressing them.

While this report fulfils our statutory requirement to publish our WRES data, it should also be seen in the wider context of our WeBelong strategy. WeBelong sets out our commitment to building a more compassionate, inclusive and equitable culture across Barts Health. The findings within this paper contribute to that broader journey, helping us to understand where progress is being made and where further action is required. A more detailed update on WeBelong, and the impact of our work to date, will be presented to the Board in January for wider discussion and reflection.

3. Barts Health WRES Highlights 24/25

Barts Health WRES 2024-25 Highlights

NHS Barts Health NHS Trust

Performing Well

Indicator 1

Representation 60.5%

Year on Year Improvement
Year on year improvement in overall BME representation since 2019. 60.5% of our workforce are from a BME background, which is 2 percentage point improvement from the previous year (58.5%).

Indicator 7

Career Progression 44.8%

Year on Year Improvement
The figure has improved for the fourth consecutive year from 39.8% in 2021 to 44.8% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (44.6%).

Making improvements but further work required

Indicator 1

8a+ Representation 39.8%

Improving, however a representation gap remains
The figure has improved from 39.1% in March 2024 to 39.8% in March 2025. However, there is still a significant gap compared to our overall Trust ethnicity profile (60.5% BME).

Indicator 6

Harassment from Staff 28.3%

Improving, however figures remain unacceptably high
The figure has improved from 31.9% in March 2024 to 28.3% in March 2025. Despite this improvement, levels of harassment from staff are still unacceptably high.

Indicator 8

Discrimination 16.3%

Improving, however figures remain unacceptably high
The figure has improved for the second consecutive year from 19.3% in 2023 to 16.3% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (16.5%). However, levels are still too high.

Indicator 9

Board Composition 25%

Improving, however a representation gap remains
The figure has improved from 21.7% in March 2024 to 25% in March 2025. However, there is still a significant gap compared to our overall Trust ethnicity profile (60.5% BME).

Work Required

Indicator 2

Shortlisting 1.62x

Figure Worsening
The figure has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x).

Indicator 3

Disciplinary 2.6x

Figure worsening
The figure has deteriorated for two consecutive years from 1.17x in 2023 to 2.6x in 2025. This is a significant deterioration of 1.21 points from the previous year (1.39x).

Indicator 4

Training 0.85x

Becoming less equal
The figure has reduced to 0.85x in March 2025 from 0.99x in March 2024, suggesting that BME colleagues are now more likely than White colleagues to access non mandatory training.

Indicator 5

Harassment from Service Users 29.6%

Figure Increasing
The figure has increased from 28% in March 2024 to 29.6% in March 2025. BME staff also face higher levels of abuse compared to White staff (27%).

WeCare

WeBelong
Becoming a truly **inclusive** organisation

4. Being Accountable: The Overall Picture

When considering our journey to equality, it is important to look at WRES over time, as this gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline. The table below provides a transparent summary of our progress since initial reporting, which is explained in more detail throughout this report.

Metric Area	Improved last year	6-year view	Where are we now?
Metric 1: Representation	Yes	Significant year on year improvement since 2019.	The proportion of BME colleagues in the Trust has grown overall by 8.3 % between 2019 (52.2%) and 2025 (60.5%). This an improvement of 2 percentage points from the previous year (58.5%). 39.8% of our band 8a+ workforce is from a BME background, which is an improvement of 0.7 percentage points from the previous year (39.1%). Despite this improvement, there remains a significant gap between our overall Trust ethnicity profile (60.5% BME) and the percentage of BME colleagues in senior roles.
Metric 2: Shortlisting	No	Deteriorated for 2 consecutive years.	The relative likelihood of White staff being appointed from shortlisting compared to BME staff has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x). This metric remains outside of the range of 0.8-1.2 which indicates there is still an unfair disparity where BME colleagues are less likely to be appointed from shortlisting, compared to White staff.
Metric 3: Disciplinary Process		Deteriorated for 2 consecutive years.	The figure for the likelihood of BME staff entering a formal disciplinary process compared to White staff has deteriorated for two consecutive years from 1.17x in 2023 to 2.6x in 2025. This is a significant deterioration of 1.21 points from the previous year (1.39x). The data continues to show a significant disparity between the experiences of White colleagues and those from BME backgrounds in relation to the disciplinary process however this is based on a low number of cases which means it is a less reliable figure.
Metric 4: Training	BME colleagues are now more likely than White colleagues to access such training.		Between 2021 and 2024, the gap narrowed consistently to 0.99x, indicating parity in access. In March 2025, the figure reduced to 0.85x, suggesting that BME colleagues are now more likely than White colleagues to access such training.
Metric 5 – 6: Harassment from service users and staff	No Yes	**Metric 5**: Yearly fluctuations with no clear or sustained trend, however figures remain unacceptably high. **Metric 6:** Improvement for 2 consecutive years, however figures remain unacceptably high.	**Metric 5:** The percentage of BME colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public (metric 5) has increased from 28% in 2024 to 29.6% in 2025. The data also shows that BME colleagues continue to face higher levels of abuse from the public compared to White Colleagues (27%). **Metric 6:** The percentage of BME colleagues experiencing harassment, bullying or abuse from other colleagues has improved for the second consecutive year from 31.9% in 2023 to 28.3% in 2025 (compared to 26.0% for white colleagues). This is a slight improvement of 0.6 percentage points from the previous year (28.9%). Across both metrics 5 and 6, BME staff are more likely than White staff to experience these unacceptable behaviours.
Metric 7: Career progression	Yes	Improvement for 4 consecutive years.	The percentage BME staff believing that the trust provides equal opportunities for career progression or promotion has improved for the fourth consecutive year from 39.8% in 2021 to 44.8% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (44.6%).
Metric 8: Experiencing discrimination	Yes	Improvement for 2 consecutive years.	After a period of yearly fluctuations between 2019 – 2023, metric 8, which looks at the levels of discrimination experienced by BME staff from a manager/team leader or other colleagues, has improved for the second consecutive year from 19.3% in 2023 to 16.3% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (16.5%). This is also the lowest this figure has been since initial reporting in 2019.

Metric 9: Board composition	Yes	Improvement for 4 consecutive years.	25% of our Board members are from a BME background, which is a 3.3% improvement from the previous year (21.7%).

5. 2024 / 25 Narrative on WRES Metrics for Barts Health

Overall, five out of nine WRES metrics have shown an improvement in the last year, and four have deteriorated. It is important to celebrate and accelerate areas of progress across the WRES indicators, while equally focusing our efforts on driving improvements in areas that still require attention.

5.1) Metric 1 and 9: Representation

The proportion of BME colleagues in the Trust has grown overall by 8.3 % between 2019 (52.2%) and 2025 (60.5%). This an improvement of 2 percentage points from the previous year (58.5%). In the last 12 months we have also seen notable improvements in the representation of BME colleagues in senior roles. 39.8% of our band 8a+ workforce is from a BME background, which is an improvement of 0.7 percentage points from the previous year (39.1%). Additionally, 25% of our Board members are from a BME background, which is a 3.3% improvement from the previous year (21.7%).

Whilst the overall increase in BME representation is positive, there remains a significant gap between our overall Trust ethnicity profile (60.5% BME) and the percentage of BME colleagues in senior roles. Continued focus on this metric is therefore required to sustain the improvements that we have achieved over the last five years to ensure that we close the representation gap at the senior level.

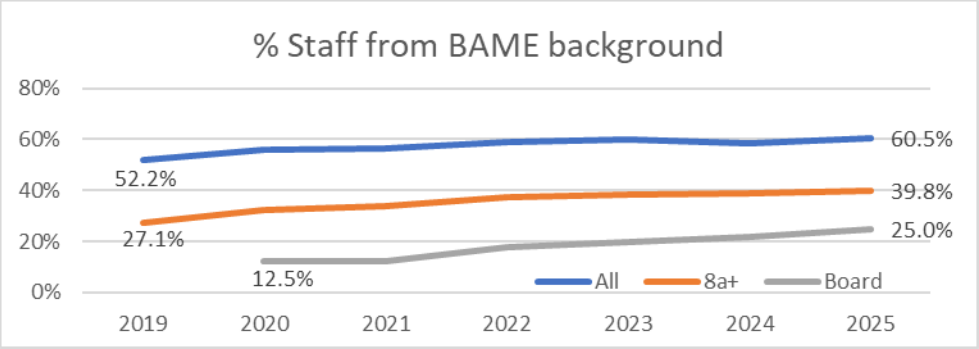


Fig. 1

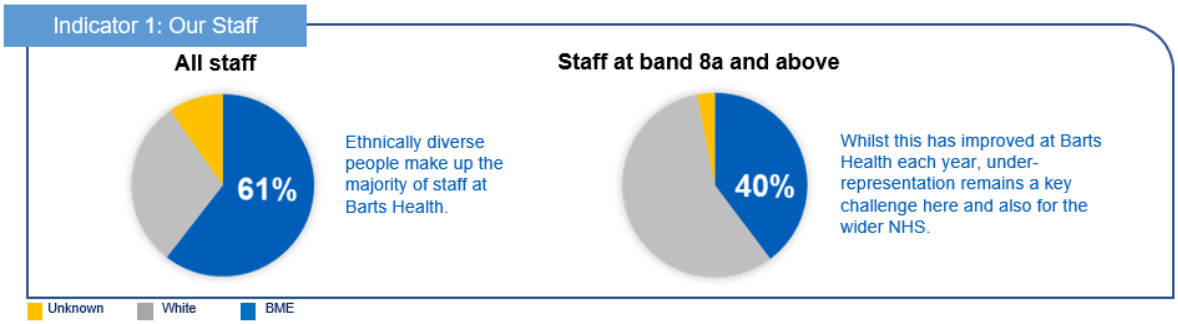


Fig. 2

5.2) Metric 2: Shortlisting

The relative likelihood of White staff being appointed from shortlisting compared to BME staff has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x). This metric remains outside of the range of 0.8-1.2 which indicates there is still an unfair disparity where BME colleagues are less likely to be appointed from shortlisting, compared to White staff.

This persistent disparity highlights that inequalities in recruitment have persisted, despite the work that we have undertaken to transform our recruitment process and embed more inclusive recruitment practices. We therefore recognise the need to be bolder in our approach and to further strengthen our interventions to address bias and structural barriers within recruitment.

This will include moving away from the traditional interview format and consistently adopting more inclusive, values-based and scenario-based approaches. Building on learning from the Inclusive Recruitment Programme at Imperial College Healthcare NHS Trust[1], we will introduce additional scrutiny and check-and-challenge mechanisms into the recruitment process for senior appointments. We will also refresh training for our Inclusion Ambassadors, with a focus on bias interruption and influencing, to ensure they are equipped with the skills and confidence to fully participate in decision-making and to challenge bias effectively.

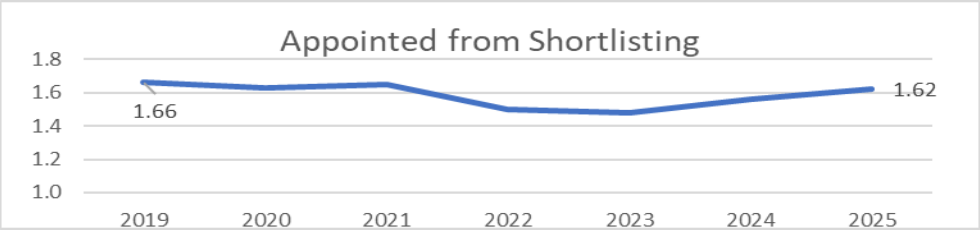


Fig. 3

5.3) Metric 3: Disciplinary Process

The figure for the likelihood of BME staff entering a formal disciplinary process compared to White staff has deteriorated for two consecutive years from 1.17x in 2023 to 2.6x in 2025. This is a significant deterioration of 1.21 points from the previous year (1.39x). The data continues to show a significant disparity between the experiences of White colleagues and those from BME backgrounds in relation to the disciplinary process. The number of formal disciplinary cases is very low in comparison with the number of people in the workforce. In 2024-25 there was only 49 cases a significant decline from the levels seen before the introduction the fair and just culture principle into the employee relations process; in 2020-21 there were 81 cases.

Overall, this metric reinforces the need for a bolder, more proactive approach to removing bias from decision-making processes and ensuring fairness, consistency, and equity for all staff. This includes strengthening our restorative just culture approach as part of our wider PSIRF framework and ensuring consistent application of our Pause and Reflect process across all sites.

[1] https://www.imperial.nhs.uk/about-us/news/inclusive-recruitment-programme-drives-progress-towards-increasing-ethnic-diversity-in-senior-roles?utm_source=chatgpt.com

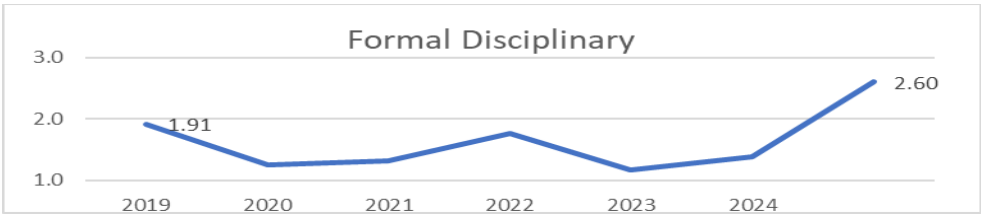


Fig. 4

5.4) Metric 4: Non-Mandatory Training and CPD

This metric examines the likelihood of White staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff. Between 2021 and 2024, the gap narrowed consistently to 0.99x, indicating parity in access. In March 2025, the figure moved to 0.85x, meaning that BME colleagues are now more likely than White colleagues to access such training.

This outcome remains within the target range of 0.8–1.2 and demonstrates that BME colleagues are not experiencing less access to development opportunities. While this is a positive trend, ongoing monitoring will be important to ensure access remains equitable for all staff and to assess whether increased participation in non-mandatory training for BME colleagues is translating into meaningful career progression opportunities.

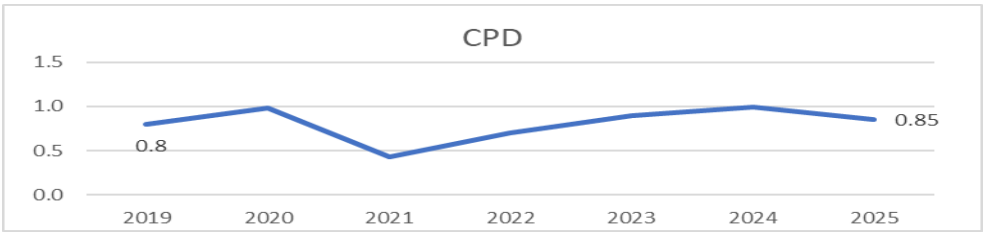


Fig. 5

5.5) Metrics 5, 6 & 8: Bullying, Harassment & Discrimination from the Public and Colleagues

The percentage of BME colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public (metric 5) has increased from 28% in 2024 to 29.6% in 2025. The data also shows that BME colleagues continue to face higher levels of abuse from the public compared to White Colleagues (27%).

Metric 6, which looks at levels of bullying and harassment experienced by BME staff from other colleagues has improved for the second consecutive year from 31.9% in 2023 to 28.3% in 2025. This is a slight improvement of 0.6 percentage points from the previous year (28.9%). The levels of bullying and harassment experienced by White staff are also unacceptably high at 26%, however similar to metric 5, there continues to be a disparity between the experiences of BME staff compared to White staff in relation to this metric, with BME staff being slightly more likely to experience bullying and harassment from other colleagues.

After a period of yearly fluctuations between 2019 – 2023, metric 8, which looks at the levels of discrimination experienced by BME staff from a manager/team leader or other colleagues, has improved for the second consecutive year from 19.3% in 2023 to 16.3% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (16.5%). This is also the lowest this figure has been since initial reporting in 2019. While we are proud of this achievement and

encouraged by the downward trend, we recognise that levels of discrimination remain unacceptably high and that BME staff are far more likely to experience discrimination compared to White colleagues (16.3% for BME staff, compared to 10% for White staff).

No level of discrimination is acceptable within our organisation, and these figures reflect the ongoing need for sustained, organisation-wide action, with a particular focus on eliminating racism, islamophobia, and antisemitism. We remain committed to creating an inclusive and respectful working environment where all staff feel safe, valued and a strong sense of belonging.

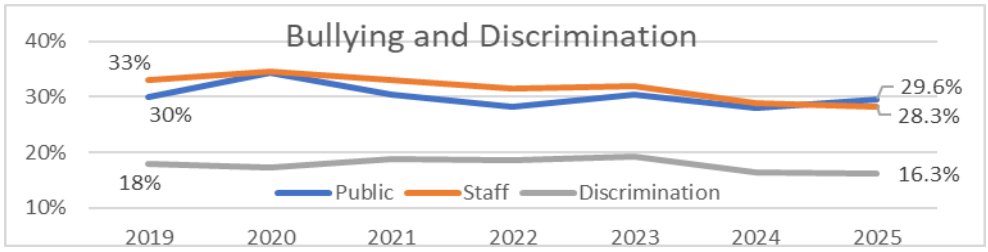


Fig.6

5.6) Metric 7: Career Progression

The percentage BME staff believing that the trust provides equal opportunities for career progression or promotion has improved for the fourth consecutive year from 39.8% in 2021 to 44.8% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (44.6%). Whilst this sustained improvement is promising, there continues to be a significant disparity between White and BME colleagues in relation to perceptions around fairness of career progression. Notably, 57% of White colleagues believe that the opportunities for career progression are fair, compared to only around 45% of BME colleagues, which is a 12% percentage point gap.

Fig.7

6. Closing the Gaps: Our Commitments to Race Equality in 2025 and Beyond

Over the past year, Barts Health has continued to make significant strides in our journey toward becoming a truly inclusive organisation. We are proud that our 2024/25 WRES data have shown improvement in five out of nine metrics, which demonstrates that our collective efforts, driven by our People teams and staff networks, are beginning to make a positive impact. These improvements reflect the progress we are making in creating fairer systems and our journey towards becoming an anti-racist organisation.

However, while we acknowledge and celebrate these achievements, we remain acutely aware of the challenges that persist. The data has highlighted key areas that require attention and sustained action. The key challenges that we need to address are:

- There remains a significant gap between our overall Trust ethnicity profile (60.5% BME) and the percentage of BME colleagues in senior roles.

- There is still an unfair disparity where BME colleagues are less likely to be appointed from shortlisting, compared to White staff.

- There continues to be a significant disparity between the experiences of White colleagues and those from BME backgrounds in relation to the disciplinary process.

- Levels of bullying, harassment, and discrimination remain unacceptably high across the organisation, and BME staff are still more likely to experience this type of behaviour, compared to White staff.

- There continues to be a significant disparity between White and BME colleagues in relation to perceptions around fairness of career progression.

Our commitment to addressing the challenges highlighted in this year's WRES findings is reflected in our targeted action plan for the year ahead, set out in Section 7. Over the coming year, our focus will be on embedding anti-racist practice into the everyday culture of our organisation, ensuring fair access to development opportunities, removing bias from recruitment and disciplinary processes, tackling all forms of incivility including racism, Islamophobia, and antisemitism, and fostering cultural change that is both meaningful and enduring.

We recognise that achieving equity cannot be accomplished through isolated initiatives or short-term measures alone; it requires deep-rooted, systemic cultural transformation. We are committed to address the structural barriers that continue to disadvantage BME colleagues and to embed accountability for race equity at every level, from Board leadership to our frontline teams.

While our WRES data offers a crucial means of measuring progress, it tells only part of the story. We will continue to actively engage with, listen to, and learn from the lived experiences of our colleagues. Our staff networks will remain central to shaping our approach, challenging inequity, and influencing positive change from within the organisation.

We will also continue to apply an intersectional lens to all our race equality and inclusion work, recognising that some BME colleagues experience compounded disadvantage linked to other protected characteristics, including gender, disability, sexual orientation, and religion. Our actions will reflect this understanding, ensuring that our efforts address inequality in all its forms and that no one is excluded.

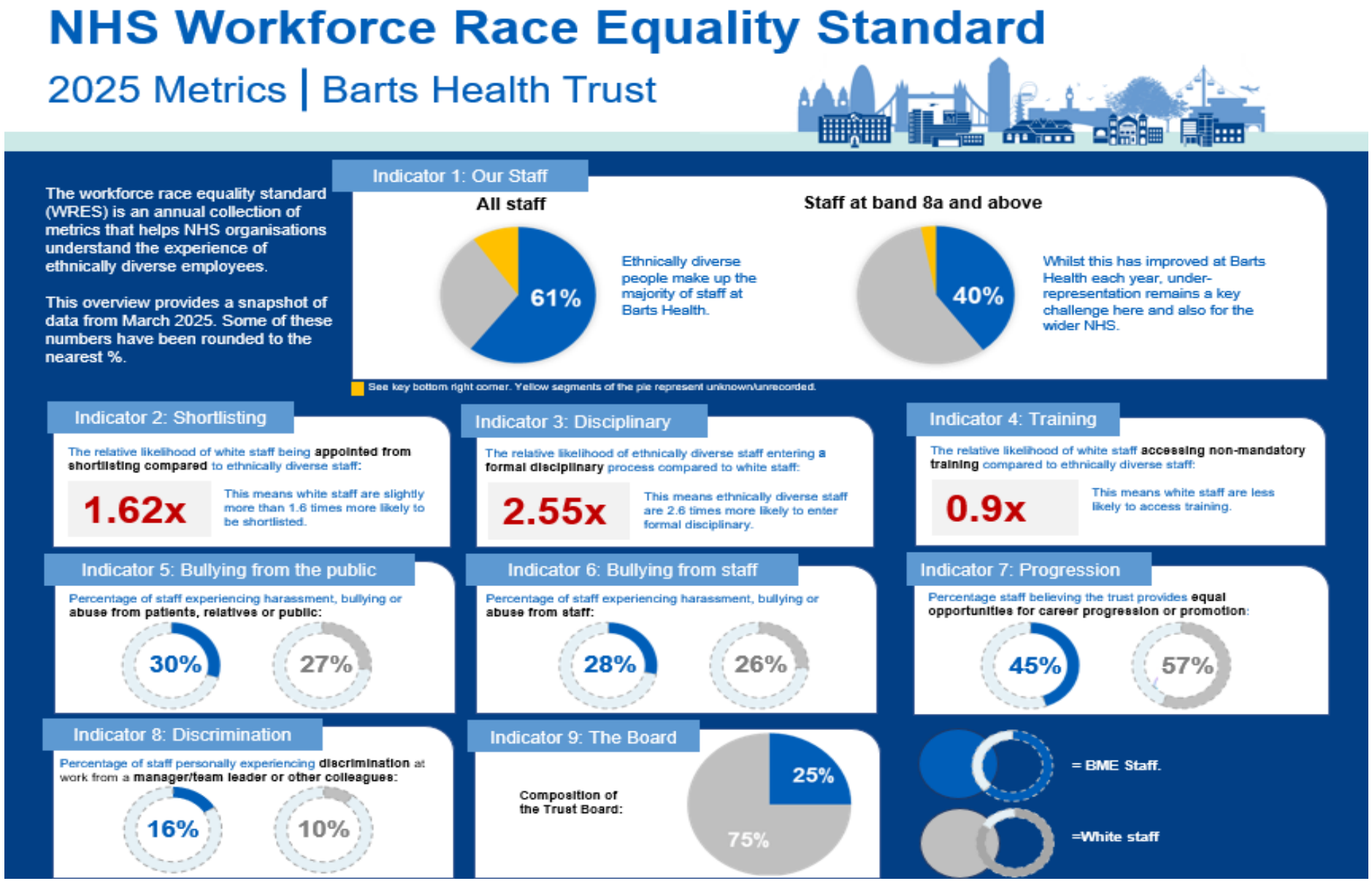
Looking ahead, we remain committed to building a workplace where every colleague feels safe, valued, and able to reach their full potential. Our ambition is to ensure that race never limits opportunity, and that inclusion is embedded in the fabric of our culture. We will keep listening, keep learning, and focus our energy on delivering actions that bring lasting, tangible change for our people in 2026 and beyond.

7. WRES Action Plan: 2025/26

Theme	WRES Indicators	Actions
Recruitment	Metrics 1 & 2	• We will transform our recruitment processes to remove bias from decision making, including ensuring that all interview panels for senior roles (8a+) include an objective inclusion ambassador, implementing a more values based inclusive recruitment approach and rolling out our refreshed inclusive recruitment training which is now live and available to all hiring managers. • Due to current productivity challenges, permanent opportunities may be limited. We will therefore take a more robust and inclusive approach to acting-up and secondment opportunities, using refreshed internal talent management processes to ensure fair and equitable access. This approach will accelerate internal development and build the readiness of our diverse talent pipeline for senior roles when they arise. • We will bolster our role as an anchor institution, through providing inclusive local employment opportunities such as Project SEARCH. • We will expand recruitment via non-traditional routes, e.g. apprenticeships, as part of our broader efforts to widen access and participation for underrepresented groups. • We will explore digital solutions, including Artificial Intelligence (AI), to improve and simplify the application process, with a particular focus on enhancing accessibility for neurodiverse candidates. • Where possible, we will advertise senior posts internally before external advertisement and strongly encourage staff from under-represented staff groups to apply.
Career Progression	Metric 7	• We will develop a robust talent management and succession planning framework, that is integrated into our annual appraisal cycle, ensuring that all colleagues have equal opportunities to be considered for senior roles. • We will refresh our Inclusive Career Development Offer, including delivery of bespoke leadership development programmes targeted specifically at underrepresented staff groups (e.g. Pave Your Path Programme for disabled colleagues). • By driving appraisal compliance, we will continue the roll out of scope for growth career conversations across the organisation, which have now been embedded into the appraisal framework. • We will conduct a detailed analysis of representation disparities at various levels and across different staff groups within the BAME categorisation. We will use this data to inform development of targeted interventions and monitor the impact of current initiatives on specific groups, especially focusing on the underrepresentation of Black and Bangladeshi colleagues in senior roles.

Disciplinary	Metric 3	• We will Strengthen our Restorative Just Culture Programme as part of the broader (Patient Safety Incident Response Framework) PSIRF approach, embedding it into policies, procedures, and practices. • We will further improve the pause and reflect process with an aim to ensure that pause and reflect is carried out in 100% of disciplinary cases through monthly auditing of cases. • We will improve the investigation stage of disciplinary cases by rolling out improved training for investigating mangers to specifically highlight the unfair disparities in outcomes. • We will review involvement outcomes for BME colleagues in disciplinary processes, to identify and address race disparities.
Civility	Metrics 5,6 & 8	• Through our new case management system, we will analyse our employee relations data to identify hot spot areas (with elevated levels bullying / harassment / discrimination) to target training interventions such as Cultural Intelligence (CQ), Active Bystander, Unconscious Bias, and anti-racism training etc. • We will strengthen our Speak Up culture by expanding our network of Freedom to Speak Up Champions, enhancing feedback loops, and ensuring learning from cases is shared to build trust and confidence in reporting processes. • We will enhance wellbeing support for staff affected by bullying and harassment or violence and aggression, ensuring timely access to debriefs and psychological support. • We will provide bespoke organisational development interventions for teams and services experiencing issues linked to racism and discrimination, supporting recovery and cultural change.
Governance and Accountability	Metrics 1 - 9	• We will strengthen our equity and inclusion governance by bolstering the allyship role of our EDI Executive Sponsors, calling on the Group Executive Board and Trust Board to actively lead and role-model this agenda, and driving strategic change through our dedicated Group Equity and Inclusion Board and Hospital EDI Committees. • Through our recently refreshed inclusion business partner model, we will continue to strengthen the interface between our Group Inclusion Centre and Hospital EDI leads, ensuring a joined-up and collaborative approach that enables the local embedding and implementation of group-wide strategic inclusion priorities.
Staff Networks	Metrics 1 -9	• We will deliver bespoke leadership development sessions for our staff network leads to enhance their effectiveness as strategic change agents and to strengthen employee voice from ward to board, enabling senior leaders to gain deeper insight into the lived experiences of our people. • We will work in partnership with our staff networks to ensure their activities align with and actively support the delivery of our strategic EDI priorities, fostering collaboration and shared accountability for progress.

Appendix A: 2025 WRES Snapshot



Appendix B: WRES Metrics: Six-Year Data Summary (2019 – 2025)

This table summarises current WRES data. Previous years are included in this table to understand any changes over time, Figures in green indicate they improved from the year before, figures in red are where they became worse. Figures in brackets represent the equivalent metric for White colleagues where available.

WRES Metric	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1a – Representation (All Staff)	52.2%	55.8%	56.4%	59.0%	60.0%	58.5% (29.9%)	60.5% (29.8%)
1a – Representation (8a+)	27.1%	32.5%	34.0%	37.2%	38.6%	39.1% (57.2%)	39.8% (57.2%)
2 – Shortlisting	1.66	1.63	1.65	1.50	1.48	1.56	1.62
3 – Disciplinary	1.91	1.25	1.31	1.77	1.17	1.39	2.60
4 – Training	0.8	0.98	0.43	0.70	0.90	0.99	0.85
5 – Bullying from the Public	30%	34.4%	30.4%	28.2%	30.4%	28.0% (29.0%)	29.6% (26.5%)
6 – Bullying from Staff	33%	34.5%	33.1%	31.4%	31.9%	28.9% (26.8%)	28.3% (26.0%)
7 – Career Progression	41.2%	41.4%	39.8%	41.4%	42.1%	44.6% (56.2%)	44.8% (56.5%)
8 – Discrimination	18%	17.3%	18.9%	18.5%	19.3%	16.5% (10.9%)	16.3% (10.1)
9 – Board Composition		12.5%	12.5%	17.6%	20.0%	21.7% (78.3%)	25.0% (75.0%)

Key: Yellow = Metric based on fewer than 100 cases

Appendix C: Site Level Comparisons

This table summarises current WRES data by site, benchmarked to the Trust wide averages, to understand variation in staff experience across the organisation. Due to the variation in the WRES data across our organisation, it is important that the delivery of Trust wide inclusion interventions within the WeBelong strategy, are tailored to address the specific cultural challenges of each site, to ensure that the desired outcomes of the interventions are effectively achieved.

WRES Metric	Trust Wide Data	GSS	Site Level Data				
			Newham	Royal London Hospital & Mile End	St Bartholomew's	Whipps Cross	Pathology Partnership
1a – Representation (All Staff)	**60.5%**	38.4%	76.6%	62.4%	56.0%	70.4%	68.0%
1a – Representation (8a+)	**39.8%**	35.8%	57.2%	36.6%	29.6%	48.2%	34.1%
2 – Shortlisting	**1.62**	1.46	1.30	1.80	1.79	1.43	1.43
3 – Disciplinary	**2.60**						
4 – Training	**0.85**	0.92	0.85	0.94	0.82	0.86	1.29
5 – Bullying from the Public	**29.6%**	16.0%	40.3%	36.8%	26.8%	34.2%	6.0%
6 – Bullying from Staff	**28.3%**	20.3%	35.4%	30.2%	28.6%	26.4%	34.2%
7 – Career Progression	**44.8%**	37.5%	42.7%	46.4%	48.9%	49.0%	33.2%
8 – Discrimination	**16.3%**	15.1%	20.5%	16.5%	15.1%	14.0%	18.2%
9 – Board/HEB Composition	**25.0%**		18.2%	31.3%	18.2%	41.7%	

NHS Workforce Disability Equality Standard

Barts Health Data Summary and Action Plan

2024 / 2025

Summary Report using data from April 2024 - March 2025

1. What is WDES?

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. Further information and the full list of metrics can be found on the NHS England WDES pages.

NHS organisations use the metrics to develop and publish an action plan. Comparisons each year enable NHS organisations to demonstrate progress towards disability equality and plan to create change. Creating workplace equality for all staff is a key commitment in the NHS People Plan and one of the overall Trust objectives at Barts Health, to be delivered through our WeBelong inclusion strategy.

Themes that have been identified across the NHS from analysis of all Trust's WDES data show that disabled NHS staff are more likely to:

- Go through performance management capability processes.
- More likely to experience harassment, bullying or abuse.
- Less likely to feel that they have equal opportunities for career progress or promotion.
- More likely to feel pressured to attend work.
- Less likely to feel valued for their contribution to the organisation.
- Less likely to feel engaged.
- Less likely to be appointed through shortlisting.

This report contains data for Barts Health NHS Trust to understand the experience of our disabled staff, how we compare to the NHS as a whole and clearly articulate how we are taking steps to create a fairer workplace.

This data is based on the period April 2024 - March 2025 with metrics 4-8 using results from the staff survey carried out in Autumn 2024.

While this report fulfils our statutory requirement to publish our WDES data, it should also be seen in the wider context of our WeBelong strategy. WeBelong sets out our commitment to building a more compassionate, inclusive and equitable culture across Barts Health. The findings within this paper contribute to that broader journey, helping us to understand where progress is being made and where further action is required. A more detailed update on WeBelong, and the impact of our work to date, will be presented to the Board in January for wider discussion and reflection.

Figure 1, WDES 2025 Highlights

Barts Health WDES 2024-25 Highlights

NHS Barts Health NHS Trust

Performing Well

Indicator 1

Representation 4.8%

Consistent Increase
The has grown consistently and there is no evidence of under-representation in senior roles

Indicator 2

Shortlisting 1.10×

Maintaining Equality
The likelihood of appointment from shortlisting has remained within the range of 0.8-1.25 for the last three years

Indicator 6

Presenteeism 32.3%

Improvement
A further reduction in the percentage of disabled colleagues reporting pressure to work when unwell

Work Required

Indicator 3

Capability 9.9×

Further Increase
Despite the very small numbers there is ongoing evidence of a disparity

Indicator 7

Feeling Valued 32.8%

Overall Downward Trend
The figure improved for the second year in a row but there is a general downward trend

Indicator 9

Staff Engagement 6.3×

Overall Downward Trend
The figure improved for the second year in a row but there is a general downward trend

Making improvements but further work required

Indicator 8

Workplace adjustments 65.4%

Improving
The figure has improved over the last 7 years with a further slight improvement last year

Indicator 4

Bullying 20-33%

Ongoing Improvement
Reports of bullying from the public, managers and colleagues have been on a downward trend but remain high compared to other organisations

Indicator 5

Career Progression 40.7%

Slight fall
The figure deteriorated slightly compared to last year and remains below the score from 7 years ago

WeCare

WeBelong
Becoming a truly **inclusive** organisation

2. Being Accountable: The overall picture

In order to live our values of transparency and accountability, the table below summarises progress between last year, and the picture since first reporting. Compared to the previous year's report eight out of thirteen metrics have improved and five deteriorated. One remained the same.

Metric Area	Improved last year	6-year view	Where are we now?
Metric 1: Representation	Yes	Consistent year on year increase	Representation has consistently improved and there is no evidence of under-representation in more senior roles. However, a large gap remains in the data held in ESR and data from the Staff Survey 4.8% versus 18.7%.
Metric 2: Shortlisting	Yes	Improving trend since 2018	We have seen appointment from shortlisting for disabled colleagues become fairer since first reporting. It has stabilised in the range of 0.8-1.2 for the last four years which is considered to represent equity.
Metric 3: Capability	No	Wide fluctuations in the period	This metric has been an unreliable measure due to the extremely small numbers of capability processed undertaken. Whilst the data is unreliable for Barts as an individual trust the national aggregate picture confirms that disabled colleagues are more likely to enter the formal capability process.
Metric 4a: Bullying or abuse from the public	No	Improving trend	The levels of abuse from the public are below the rates from 2019, there was a very slight increase over the last year from 33.1% in 2024 to 33.3% in 2025.
Metric 4b: Bullying or abuse from managers	Yes	Improving trend	Levels of bullying from managers overall has been on a downward trend at the Trust this continued over the last year with the levels falling to the lowest level since the WDES reporting began.
Metric 4c: Bullying or abuse from colleagues	No	General improvements	The levels of bullying from colleagues are generally trending downward thought there are year-to-year fluctuations and levels remain high.
Metric 4d: Reporting harassment if experienced	Yes	No clear trend	There has not been any sustained trend in the levels of reporting in the period since the WDES reporting began.
Metric 5: Perception of Career Progression	No	Slight downward trend	There has been a pattern of minor year on year changes with a slight downward trajectory.
Metric 6: Feeling pressured to come to work	Yes	Recent improvement	The metric has shown a clear improvement over the last three years and is notably below the figure from 6 years ago.
Metric 7: Feeling valued	Yes	Downward trend	There was an improvement in the metric in the last year however across the NHS the levels feeling valued have been on a downward trend for all staff.
Metric 8: Receiving Reasonable Adjustments	Yes	Recent improvement	The percentage of staff reporting they received the adjustments they need has increased for the last two years.
Metric 9: Staff Engagement	Yes	Downward trend	Similar to metric 7, Feeling Valued, there was an improvement in the last year with a pattern across the NHS of a downward trend for all staff.
Metric 10: Board Representation	No	Mostly statis	For most years of the WDES reporting there have been no Board Members that have declared they have a disability.

3. Review of 2024/25

In the past year across the Trust, we have stepped up the work to support disabled colleagues. The focus driven by the WDES as well as leadership from the BartsAbility network has enabled the Trust to focus in key areas to address the issues disabled colleagues face. The priorities in the WDES action plan for last year have been delivered and this has contributed to the ongoing improvement seen in the metrics. Key highlights of actions and progress over the last year include:

3.1 Disability policy

The Trust formally adopted a disability policy in April, the purpose of the policy is to make clear to all colleagues across the Trust the expectations of support that disabled colleagues can expect. There is a significant focus in the policy on the entitlements and practical arrangements for workplace adjustments. The policy also makes clear links to other employee relations policies such as sickness and capability. The policy was developed by the Trust Wide Disability Steering Group in close collaboration with the BartsAbility Network and hospital stakeholders.

3.2 Workplace Adjustments

Alongside the Disability Policy a Workplace Adjustments Standard Operating Procedure has been created by the Task and Finish Group. This provides detailed clarity on how people across the Trust can access the workplace adjustments they need, in particular where specialist equipment or software is needed. The SOP includes flow charts outlining the steps to access adjustments quickly based on a number of scenarios such as new joiners to the Trust or identifying a need through the BartsAbility Passport. Collaborative working between finance, procurement, ICT and Employee Wellbeing Services has enabled improvements in the support for people where additional equipment or software is required.

We have also continued our successful collaboration with the Department for Work and Pensions regarding Access to Work. The Trust hosts webinars with the Access to Work team every other month to provide colleagues and managers the opportunity to learn about how to use the Access to Work Scheme.

We have also invested in Training four colleagues across the Trust to be Neurodiversity Assessors. This will support colleagues with neurodivergent conditions such as autism, ADHD, dyslexia, dyspraxia, and others to identify strengths and challenges and recommend specific adjustments in their roles.

3.3 Pave Your Path

Our Project Search project for local young people with learning disabilities to find employment continues to be a success across the Trust with further cohorts of interns graduating at Newham, Royal London, St Barts and Whipps Cross. We also had a successful pilot of the Pave Your Path training programme. This bespoke programme was commissioned by Barts Health to support previous Project Search graduates that have moved into permanent jobs in the Trust. The programme is designed to provide tailored support to the participants to develop their careers further at the Trust. The scheme has

been recommissioned for a further two years with the next one starting in September in Royal London.

The past year also saw a further cohort of colleagues from Barts Health graduate from the Calibre leadership programme. This is a bespoke leadership development programme aimed at disabled people which is commissioned across London by NHS England.

3.4 Podcasts

The BartsAbility Network has launched a podcast series aimed to offer colleagues with long term health conditions and disability, staff who are carers or family with disability in the family, to share their journey, barriers they face, challenges and resources/ support they have accessed, to help other colleagues with their story and to raise the visibility of the BartsAbility Network.

The power of storytelling has long been recognised as a way to connect people on a deeper level and create empathy and understanding. Through the BartsAbility Podcast, individuals will have the opportunity to share their journeys, triumphs, and obstacles faced due to their disabilities or those of their loved ones. By shining a light on these experiences, we hope to foster a sense of community and support within the Barts Health network.

Fourteen episodes have been released so far, the first was timed to coincide with Disability Inclusion Week.

3.5 Disability Confident Scheme

The Trust has successfully applied for the reaccreditation of the Disability Confident Scheme. This process, run through the Department for Work and Pensions uses a set of objective criteria to evaluate the measures we put in place to support disabled colleagues. Barts Health has the highest level of accreditation, Disability Confident Leader.

4. Narrative on WDES Metrics for Barts Health NHS Trust

4.1 Overview:

The metrics of the most recent WDES show a balanced and continued recovery following poor results in the 2022/23 report, building on the progression 2023/24 but presenting continuing evidence of the need to address some long-standing issues that affect disabled colleagues.

There are continued improvements in the representation of people with a disability across the organisation, which is a consistent, though modest slow, trend. There remains no evidence of underrepresentation of people with a disability in more senior roles, however, there remains a persistent and large gap between the number of people who record a disability in ESR slightly below 5% and the number of respondents to the staff survey who say they have a long-lasting health condition or illness which is around 19%. There is a potential for this gap to hide underlying issues in representation.

The metric regarding shortlisting has maintained a score in the range of 0.8-1.2 which suggests there is no significant difference between people that have a disability and colleagues that do not have a disability. This metric isn't affected by the same issues of under-reporting on ESR therefore gives some confidence that the recruitment process isn't

significantly affecting disabled colleagues unfairly though there may be more we can do to ensure fairness and equity.

The score regarding capability has increased significantly compared to the scores from recent years. Whilst this is a concerning indicator there is, so few cases of capability held across the Trust this does not provide much insight into the experiences of our staff. Over the last two years there have been just 18 cases in total, of these four related to disabled colleagues.

In this year's collection all metrics relating to experiencing bullying, feeling pressured to come to work, feeling valued and receiving workplace adjustments, which are taken from the staff survey, have improved since last year. The overall theme from the staff survey results including for the WDES, is an improvement compared to a poor set of scores in the previous year.

4.2 Five Year Trends

4.2.1 Metrics 1 & 10: Representation:

Representation in the workforce overall has consistently grown over the last six years with levels of declaration on ESR increasing from 2.2% to 4.8% and 2.0% to 6.1% for colleagues in 8a+ roles, a noticeably faster pace of growth.

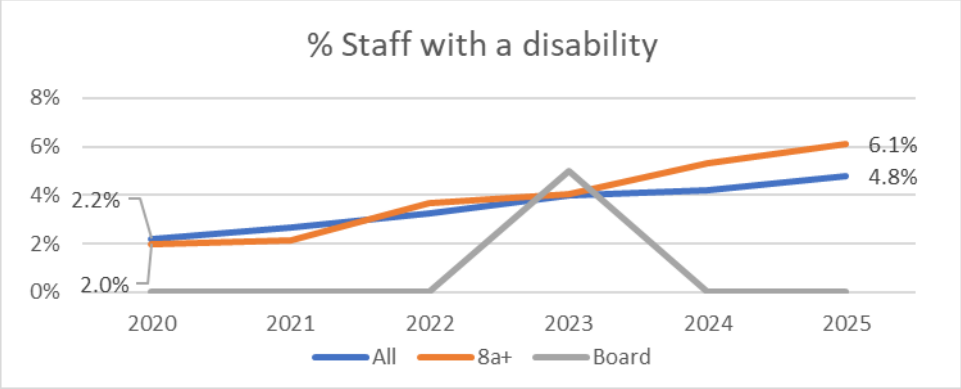
There remain no current Board members that have updated the ESR system to indicate they have a disability.

This metric is based on people's record in the ESR system. Significantly for new joiners this is information now also captured at the appointment stage and therefore declaration rates are higher for people recruited since 2019 than for people recruited before this date.

We know there is a significant gap between the percentages of people that say they have a disability based on their ESR record and the levels of people that complete the staff survey which is around 19%, the staff survey figure is much more likely to be a true reflection of the percentage of people with a disability or long-term health condition at the Trust. The lack of accurate reporting of disability creates challenges for analysis around other issues disabled colleagues might face, such as the disability pay gap. Therefore, enabling and encouraging people to update ESR with a disability is a long-standing priority for the Trust.

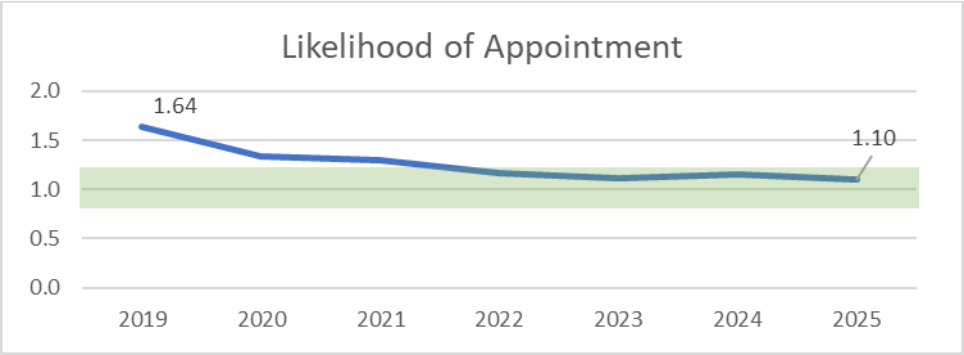
The under-capture of disability data is an issue reported across the NHS and is likely linked to three key issues:

- Disabled people not feeling confident to update their records.
- Issues around language used by ESR to record 'a disability' – on the staff survey the question is broader using the language 'Do you have any physical or mental health conditions or illnesses'.
- The functionality within ESR meaning updating records as health conditions or disabilities change over time is a barrier to accurate records.



4.2.3 Metric 2: Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff.

Shortlisting has become fairer over time for colleagues with a disability, with the current figure showing that people without a disability are 1.1× more likely to be appointed following being shortlisted. This means the figure has remained in the range of 0.8-1.25 for the last four years. This range is understood to mean there is no significant difference between disabled and non-disabled colleagues.

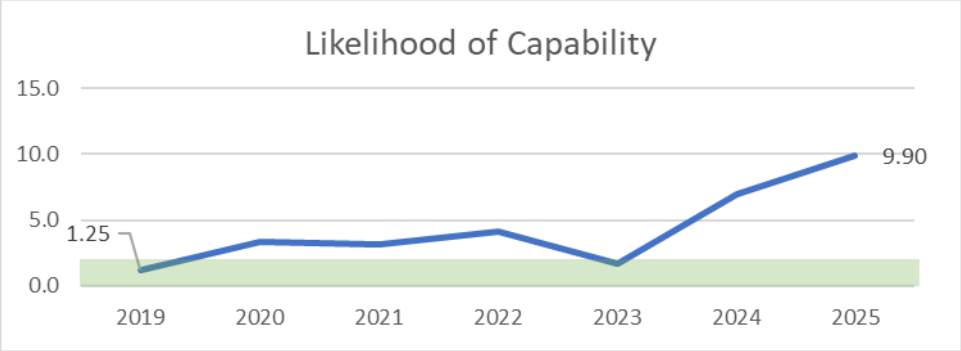


4.2.4 Metric 3: Relative likelihood of disabled staff entering formal capability processes compared to non-disabled staff.

Metric 3 has varied widely over the last five years and increased substantially over the last two to show that disabled colleagues are about nine times more likely to enter a formal capability process than non-disabled colleagues. This is significantly outside the 0.8-1.25 range. This has been the case since the metric was first recorded in the 2020 report.

There is limited insight we can understand from this specific metric, the number of people entering a formal capability is very low, averaging 7.5 people per year in total with 2 having a disability.

Whilst the scores for individual Trusts are unreliable, we do know from the aggregated WDES scores across the country that there is an ongoing disparity related to capability processes for people with a disability.

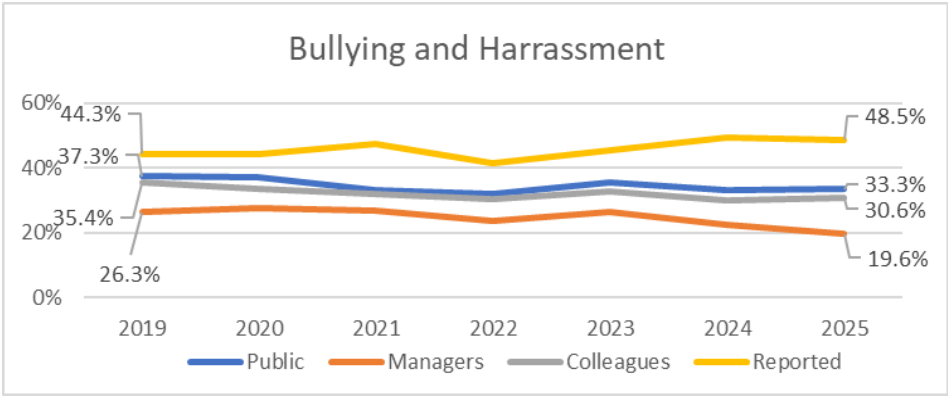


4.2.5 Metric 4: Bullying and Harassment

Overall levels of bullying and harassment have declined at Barts Health since 2019. Levels of bullying have historically been high at the Trust and Barts Health continues to have higher levels of bullying compared to the average. Disabled colleagues are more likely than non-disabled colleagues to experience this abuse.

There has been an improvement compared to the previous year for levels of bullying from managers, falling to 19.6% from 22.4% but levels of bullying from the public (33.3% vs 33.1%) and other colleagues (30.6% vs 30.1%) increased slightly compared to last year.

There was also a slight deterioration in the rates at which the abuse is reported, falling to 48.5% from 49.2%



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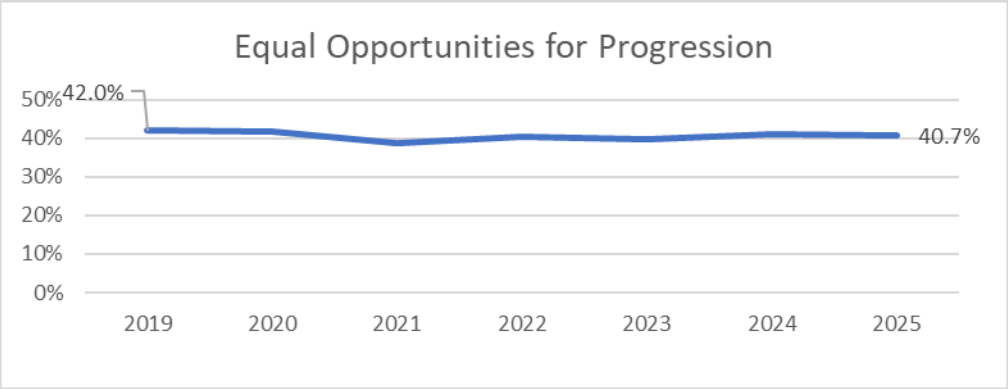
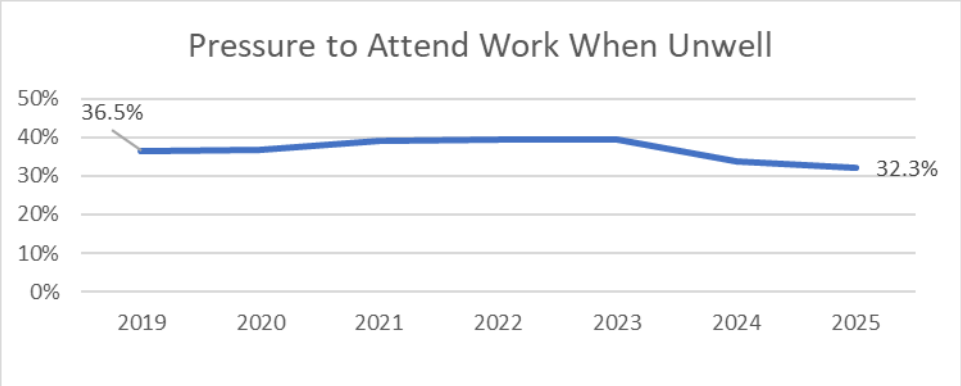
4.2.6 Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.

The percentage of colleagues with a disability that believe the Trust provides equal opportunities for progression has declined compared to last year 40.7% vs 41.1% and remains below the level from the 2019 report.



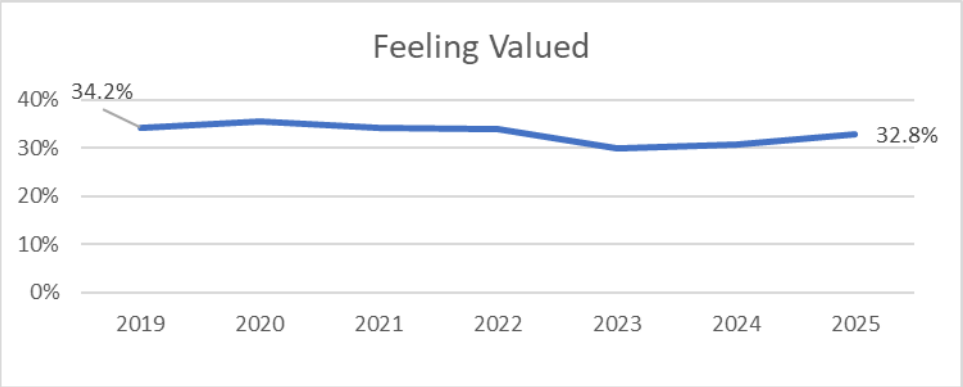
4.2.7 Metric 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

There has been a big improvement with the levels of people that reported they felt pressure to come into work when unwell. This year's figure shows a further slight improvement compared to last year, 32.3% compared with 33.8% and has now fallen notably in the period since the sickness absence policy was updated with the support of the BartsAbility network to address long standing concerns with how sickness absence is supported for disabled colleagues.



4.2.8 Metric 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

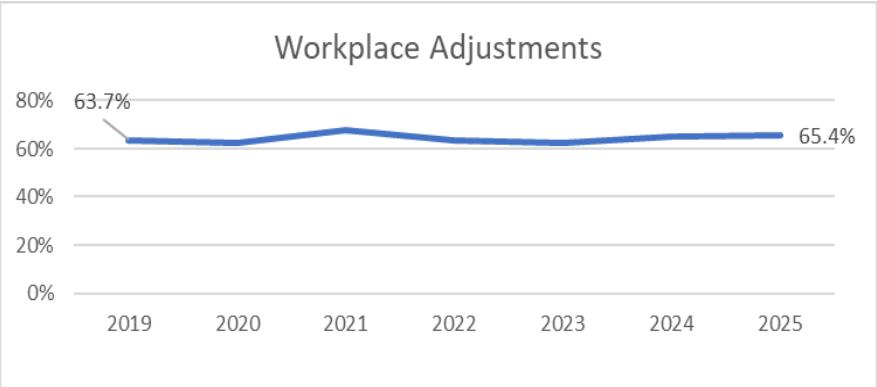
Nationally there has been a downward trend in the percentage of people across the NHS that feel valued by the Trust, overall the NHS average has declined from 47% in 2019 to 44% in 2024 (37% to 35% for disabled staff nationally). This same pattern has generally been the case for disabled staff at Barts Health however the figure has improved slightly over the last two years reaching 32.8% compared to 29.8% in 2023.



4.2.9 Metric 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

The percentage of people that reported through the staff survey that they have received the adjustments they need to carry out their improved from 65.1% to 65.4%

This represents a reversal of the downward trend for this figure since the high point of 67.8% in the 2021 WDES report and is notable given the levels of investment in improving the process for adjustments that colleagues across the Trust have put in across the last 18 months.



4.2.10 Metric 9: The staff engagement score for Disabled staff, compared to non-disabled staff.

The staff engagement score shows similar trends to the WDES 7 score regarding feeling valued. Across the country for all staff the metric has declined over the last five years from 7.03 to 6.84 (6.65 to 6.40 for disabled staff). However for colleagues with a disability the number has improved slightly to 6.29 from 6.27 in the previous year. this is the highest the score has been over the last four years.

5. Complete WDES Metrics 2019-24

For transparency our full WDES metrics are included in this section, previous years are included in this table to understand any changes over time. Figures in green indicate they improved from the year before, figures in red are where they became worse.

5.1 Metric 1: Representation

WDES Metric 1	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1a) Nonclinical Representation							
Cluster 1: AfC Bands <1 to 4	2.3%	2.7%	3.1%	4.0%	4.5%	3.7%	4.6%
Cluster 2: AfC bands 5 to 7	2.3%	2.9%	3.6%	4.1%	4.3%	5.9%	7.7%
Cluster 3: AfC bands 8a and 8b	1.5%	2.3%	2.9%	4.7%	4.9%	5.4%	7.1%
Cluster 4: AfC bands 8c to VSM	1.0%	2.2%	2.5%	3.5%	4.0%	5.7%	5.8%
1b) Clinical Representation							
Cluster 1: AfC Bands <1 to 4	2.1%	2.2%	2.7%	2.5%	3.5%	3.3%	3.9%
Cluster 2: AfC bands 5 to 7	1.7%	2.0%	2.4%	3.1%	4.0%	4.6%	4.9%
Cluster 3: AfC bands 8a and 8b	2.5%	1.6%	1.2%	3.1%	3.4%	4.8%	5.5%
Cluster 4: AfC bands 8c to VSM	2.5%	3.3%	4.4%	4.3%	4.9%	7.4%	7.4%
Medical & Dental Staff, Consultants	0.5%	0.8%	1.1%	1.3%	1.7%	2.0%	2.4%
Medical & Dental Staff, Non-Consultants career grade	0.8%	1.0%	2.8%	3.7%	2.9%	12.0%	6.1%
Medical & Dental Staff, Medical and dental trainee grades	0.9%	1.3%	1.4%	4.0%	4.8%	3.9%	4.2%

5.2 Metrics 2-10: All other metrics

Metric	**People with A disability at Barts Health** (number in brackets = people without a disability)						
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.64	1.25	1.3	1.17	1.12	1.15	1.10
3. Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	N/A	3.33	3.11	4.11	1.68	7.01	9.90
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives, or other members of the public in the last 12 months	37.3% (33.3%)	37.0% (34.2%)	33.2% (29.8%)	32.1% (27.9%)	35.5% (29.0%)	33.1% (27.4%)	33.3% (27.4%)
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	26.3% (17.5%)	27.4% (16.7%)	26.6% (15.5%)	23.6% (14.2%)	26.3% (13.7%)	22.4% (12.2%)	19.6% (11.5%)
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.4% (24.3%)	33.4% (24.9%)	32.0% (23.2%)	30.3% (21.6%)	32.8% (21.1%)	30.1% (20.9%)	30.6% (21.0%)
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	44.3% (46.9%)	44.3% (49.4%)	47.5% (46.1%)	41.5% (47.1%)	45.4% (47.2%)	49.2% (48.6%)	48.5% (50.5%)
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	42.0% (50.5%)	41.8% (51.1%)	38.7% (48.5%)	40.4% (48.6%)	39.7% (49.1%)	41.2% (50.6%)	40.7% (50.9%)
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	36.5% (25.8%)	36.9% (27.0%)	39.2% (28.7%)	39.3% (28.5%)	39.5% (26.3%)	33.8% (24.1%)	32.3% (21.0%)
7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	34.2% (50.2%)	35.5% (49.5%)	34.3% (48.7%)	33.8% (41.8%)	29.8% (40.7%)	30.7% (44.3%)	32.8% (45.2%)
8.Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	63.7%	62.3%	67.8%	63.2%	62.2%	65.1%	65.4%
9.The staff engagement score for Disabled staff, compared to non-disabled staff.	6.5 (7.1)	6.5 (7.1)	6.5 (7.0)	6.3 (6.9)	6.2 (6.8)	6.3 (6.9)	6.3 (7.0)
10. Disabled staff on Board (voting and non-voting)	0%	0%	0%	0%	5%	0%	0%

6. Looking Ahead: Our WDES action plan 2025/26

Our plan for 2024/25 builds on the progress made in the 2023/24 which, based on this year's results, show that positive change is happening for disabled colleagues. A review of the progress against last year's actions can be seen in the appendix. The results from this year's WDES metrics show us that we have the right priorities in place, but we need to do more to accelerate the impact we are seeing.

Theme	What actions will we take over the next 12 months?	Target WDES Metrics
Leadership, Governance and Awareness	• Invest in the BartsAbility Network ensuring that the Network leadership is supported to build and effective network of colleagues across the Trust to represent the voices of disabled colleagues. • Launch a Trust-wide awareness campaign to ensure that all staff are aware of the Disability Policy and the Adjustments SOP including through WeShare, Team Leader Webinars, Network meetings and cascaded through the People Teams across each H • ospital. • Enhance accountability for improving the workplace experience of disabled colleagues by benchmarking the Trust against external frameworks of best practice including the Disability Charter and Disability Confident Leader requirements and address any gaps. • We will strengthen our equity and inclusion governance by bolstering the allyship role of our EDI Executive Sponsors, calling on the Group Executive Board and Trust Board to actively lead and role-model this agenda, and driving strategic change through our dedicated Group Equity and Inclusion Board and Hospital EDI Committees. • Through our recently refreshed inclusion business partner model, we will continue to strengthen the interface between our Group Inclusion Centre and Hospital EDI leads, ensuring a joined-up and collaborative approach that enables the local embedding and implementation of group-wide strategic inclusion priorities.	• All WDES metrics
Supporting Career Development	• Roll out two additional cohorts of the Pave Your Path development course in 2025-26 and 2026-27 and review the impact to evaluate the benefits of further cohorts. • Encourage disabled colleagues to enrol on the Trust's bespoke career development programme and promote the opportunities for career development for disabled colleagues through the Inclusive Career Development offer including mentoring, stretch assignments and career conversations using the 'Scope for Growth' model. • Due to current productivity challenges, permanent opportunities may be limited. We will therefore take a more robust and inclusive approach to acting-up and secondment opportunities, using refreshed internal talent management processes to ensure fair and equitable access. This approach will accelerate internal development and build the readiness of our diverse talent pipeline for senior roles when they arise. • Ensure that inclusion and equity is embedded within recruitment by rolling out refreshed Inclusive Recruitment training focusing on the specific issues facing disabled people and working with the recruitment team to ensure	• WDES1 & 5 • WDES5 • WDES1 & 5 • WDES2 & 5

	that the process is equitable.	
Targeted Support for Disabled Staff	• Improve awareness of self-service functionality to update disability status through ESR. • Enhanced wellbeing support for disabled staff experiencing violence and aggression from patients with debriefs and psychological support. • Promote the access to reasonable adjustments including promoting the adjustments SOP, working across EWS, ICT and Procurement teams to identify and resolve bottlenecks in the adjustment process and promote the support from Access to Work with regular webinars. • Ensure that all staff have an annual appraisal which includes a wellbeing conversation. Work with Wellbeing Leads at each hospital to make sure that the Wellbeing support offers are effectively supporting the wellbeing of disabled colleagues. • Roll out the neurodiversity assessment support to colleagues across the Trust.	• WDES1 • WDES4 & 7 • WDES5 & 7 • WDES6 & 7 • WDES5, 6, 7, 8 & 9
Creating a Fair and Just Culture	• Promote visible role models with a disability across Barts. • Take targeted actions in hot spot areas with high level of bullying, abuse and discrimination for disabled colleagues, working with the Hospital Inclusion Site Leads. • Roll out CQ and Active Bystander training programmes. • Work through Hospital Executive Boards to embed the restorative just and learning culture approach on hospital sites to ensure compassionate and inclusive leadership behaviours at all levels in the organisation and build the awareness for all colleagues across the Trust including developing a local just and learning culture training programme. • Deliver Disability Fundamentals training for colleagues including targeting the training for line managers in areas where we have identified higher levels of challenges and issues.	• WDES1, 7 & 9 • WDES4, 7 & 9 • WDES4 • WDES3 & 7 • WDES2, 3, 4, 5 & 8

7. Closing Statement:

The overarching message of the 2024-25 WDES measures that we have built on the progress seen in last year's report and have seen improvements in key areas such as access to workplace adjustments and levels of presenteeism. Despite this however the metrics continue to demonstrate the additional challenges disabled colleagues face at work compared to their non-disabled peers.

There is clear evidence that where we work collectively to prioritise improvements in particular areas, we can make rapid progress to improve the issues that clearly emerge from the WDES. We need to use the updated data to reinforce the role everyone has to ensuring that we reach the ambition set out in WeBelong of becoming a truly inclusive organisation.

This document provides just a snapshot of our work towards inclusion. To find out more about how we are supporting our staff with a disability, or to learn about our overarching inclusion strategy, please contact diversityninclusion.bartshealth@nhs.net

Appendix 1: WDES 2024/25 On a Page

NHS Workforce Disability Equality Standard

2025 Metrics | Barts Health Trust

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.10x

This means non-disabled staff are 1.10 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

9.93x

Disabled staff are 9 times more likely to enter formal capability, Numbers are very so small this is not statistically significant.

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

5 Progression

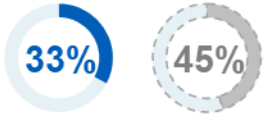
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.3 **6.8**

10: Trust Board

Percentage disabled staff on the Trust Board

WeCare
Our vision, values and behaviours

NHS
Barts Health
NHS Trust

Workforce Race Equality Standard Data

April 2024 - March 2025

NHS Workforce Race Equality Standard

Barts Health WRES Metrics 2025

Introduction

- In April 2015 NHS England introduced the Workforce Race Equality Scheme (WRES).
- The scheme consists of nine indicators and requires NHS organisations to close any gaps between the experience of Black, Asian and Minority Ethnic (BAME) colleagues and White colleagues.
- Our official results are published annually for the whole of Barts Health. This information pack also contains the equivalent scores for each of our hospital sites including directorate level and for GSS and the Pathology Partnership.
- This pack contains the WRES Metrics period April 2024 - March 2025 as well as the trends for each Hospital over the last five years.
- Across Barts Health we use these indicators to ensure that we are taking active and positive steps to achieve our ambition of eliminating discrimination, ensuring equality of opportunity and promoting good relations between all people.

Notes

- Indicator 3 relating to the formal disciplinary process relates to 49 cases in total over the last year therefore the results should be interpreted with some caution. This also means that results are not available broken down into hospital or directorate levels.
- Indicator 6 relating the bullying and harassment experienced from other colleagues and managers is a combination of two staff survey questions (experiences of bullying from managers and bullying from other colleagues) these are reported separately in the staff survey results.
- Each Hospital includes a Site management Directorate. Whilst these teams have the same name there is a large variety of functions, depending on the Hospital, which could include estates, discharge and governance teams.

NHS Workforce Race Equality Standard

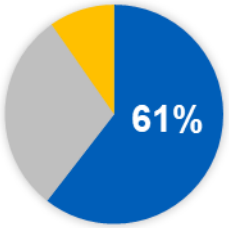
2025 Metrics | Barts Health Trust

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

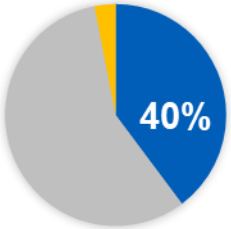
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff at Barts Health.

Staff at band 8a and above



Whilst this has improved at Barts Health each year, under representation remains a key challenge here and also for the wider NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.62x

This means white staff are slightly more than 1.6 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

2.55x

This means ethnically diverse staff are 2.6 times more likely to enter formal disciplinary.

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.9x

This means white staff are less likely to access training.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from staff:**

Indicator 7: Progression

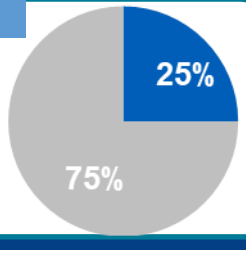
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

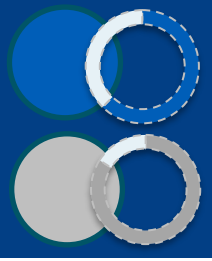
Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**

Indicator 9: The Board

Composition of the Trust Board:





= BME Staff.

=White staff

NHS Workforce Race Equality Standard

2025 Metrics | Barts Health Trust

WRES Metric	Barts Health 2023	Barts Health 2024	Barts Health 2025	NUH 2025	SBH 2025	RLH 2025	WXH 2025	GSS 2025	Path 2025
1 - % Staff from BAME background	60.0%	58.5%	**60.5%**	76.6%	56.0%	62.4%	70.4%	38.4%	68.0%
1 - % Band 8a+ Staff from BAME background	38.6%	39.1%	**39.8%**	57.2%	29.6%	36.6%	48.2%	35.8%	34.1%
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.48	1.56	**1.62**	1.30	1.79	1.80	1.43	1.46	1.43
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.17	1.39	**2.60**						
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.90	0.99	**0.85**	0.85	0.82	0.94	0.86	0.92	1.29
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	30.4%	28.0%	**29.6%**	40.3%	26.8%	36.8%	34.2%	16.0%	6.0%
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	31.9%	28.9%	**28.3%**	35.4%	28.6%	30.2%	26.4%	20.3%	34.2%
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion	42.1%	44.6%	**44.8%**	42.7%	48.9%	46.4%	49.0%	37.5%	33.2%
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	19.3%	16.5%	**16.3%**	20.5%	15.1%	16.5%	14.0%	15.1%	18.2%
9 - % Board members from a BAME background	20.0%	21.7%	**25.0%**	18.2%	18.2%	31.3%	41.7%		

NHS Workforce Race Equality Standard

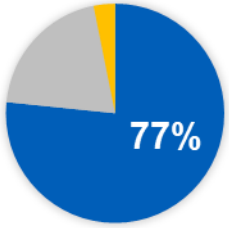
2025 Metrics | Newham University Hospital

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

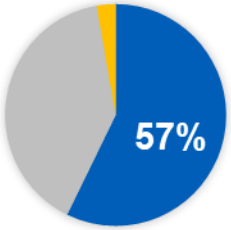
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff at NUH.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.30x

This means white staff are 1.3 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

-

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.85

This means white staff are less likely to access training.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from staff:**

Indicator 7: Progression

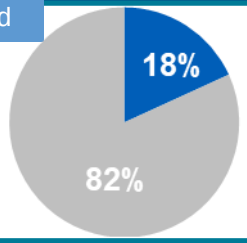
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

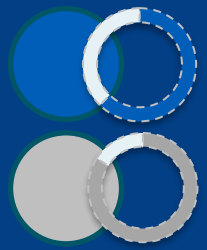
Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**

Indicator 9: The Board

Composition of the HEB:





= BME Staff.

=White staff *(indicators 5-7 are from the Trust overall and not site level)*

NHS Workforce Race Equality Standard

2025 Metrics | Newham University Hospital

Highlighted Insights

- A **majority of the WRES metrics deteriorated for NUH in this year's metrics** compared to the 2024 metrics with the **largest deterioration** in the **levels of abuse from the public** and the representation in **HEB membership**.
- Newham has the **highest percentages of BAME colleagues** overall (77%) and in 8a+ roles (57%).
- White colleagues are more likely to be shortlisted but NUH has a figure of **1.3× the best performance in Trust overall** though above the 1.25 level this figure would suggest inequality in the recruitment process.
- The **levels of unacceptable behaviours** BAME colleagues face at **Newham is higher than anywhere else across the Trust**, this includes **abuse from the public** (40.3%), **abuse from colleagues** (35.4%) and **levels of discrimination** (20.5%). All of these figures have increased since last year.
- The site management directorate also has a notably low level of BAME colleagues believing there are **equal opportunities for progression**, this is **below the average** overall at NUH.
- The **CCS division has the best overall results of any division at NUH**, the metrics for **Women's and Children's is also positive compared to the NUH averages**. The **Site Management team has the most challenging scores.**

NHS Workforce Race Equality Standard

2025 Metrics | Newham University Hospital

WRES By Division	NUH overall 2021	NUH overall 2022	NUH Overall 2023	NUH Overall 2024	NUH Overall 2025	CSS 2025	Emerg' Care and Acute 2025	Site Mgmt 2025	Surgery & Cancer 2025	Women & Children 2025
1 - % Staff from BAME background	71.0%	72.4%	73.3%	75.3%	**76.6%**	76.5%	76.1%	60.0%	78.4%	79.0%
1 - % Band 8a+ Staff from BAME background	55.0%	54.5%	56.4%	57.7%	**57.2%**	73.3%	63.6%	45.3%	50.0%	65.0%
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.45	1.24	1.17	1.28	**1.30**	1.07	1.43	1.47	1.68	1.12
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff										
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.16	0.46	0.96		**0.85**	0.87	0.87	0.37	0.98	0.99
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	35.0%	32.6%	36.4%	31.4%	**40.3%**	22.7%	55.0%	47.2%	32.5%	38.4%
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	33.4%	32.4%	34.8%	32.8%	**35.4%**	31.6%	35.3%	44.4%	37.4%	33.2%
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion		39.5%	41.2%	42.4%	**42.7%**	46.4%	35.9%	44.4%	49.8%	40.4%
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	20.8%	21.3%	19.9%	18.8%	**20.5%**	24.0%	19.1%	28.1%	21.2%	18.5%
9 - % Board members from a BAME background	33.3%	30.0%		31.6%	**18.2%**					

NHS Workforce Race Equality Standard

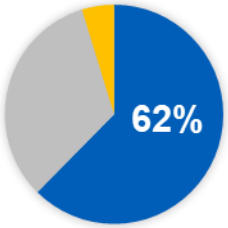
2025 Metrics | Royal London Hospital

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

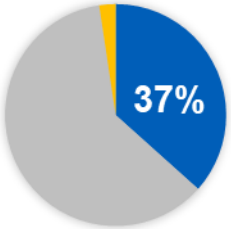
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.80x

This means white staff are 1.8 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

-

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.94

This means white staff are less likely to access training.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from staff:**

Indicator 7: Progression

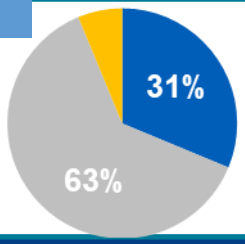
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

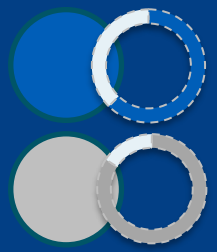
Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**

Indicator 9: The Board

Composition of the HEB:





= BME Staff.

=White staff

NHS Workforce Race Equality Standard

2025 Metrics | Royal London Hospital

Highlighted Insights

- Compared to the 2024 results the 2025 metrics have improved overall, **eight of nine showed an improvement** though a majority remain below the Trust averages.
- Levels of **representation of BAME colleagues has improved from the previous year, with a notable increase in representation in the HEB.** Representation of BAME colleagues in the Women's directorate is high overall and in 8a+ roles (72.6% & 53.3%). The converse is the case for ECAT (54.7% & 24.4%).
- The **likelihood of White colleagues being appointed from shortlisting is above the Trust** average, 1.8× and well outside the range of equality (0.8-1.25). This is a deterioration from last year's figures (1.8 vs`1.64).
- Levels of **bullying experienced by BAME from the public (36.8%) remains well above the Trust average** but has improved compared to last year, **ECAT is an outlier on this measure** (56.8%) and has been consistently over previous years.
- There has been a **further reduction in bullying from colleagues and discrimination faced by BAME colleagues at RLH**. Levels remain slightly elevated compared to Trust averages.
- There is **no division that has consistently better or worse scores compared to the RLH averages**. Each division has areas where the metrics are better and worse though **some individual metrics are notable** including the **positive results for abuse for colleagues in the Childrens** division and **negative scores for shortlisting for Site Management** and **discrimination in the survey division.**

NHS Workforce Race Equality Standard

2025 Metrics | Royal London Hospital

WRES By Division	Royal London overall 2021	Royal London overall 2022	Royal London overall 2023	Royal London overall 2024	Royal London overall 2025	AHDC 2025	Children's 2025	ECAT 2025	Medicine 2025	Site Mgmt. 2025	Surgery 2025	Women's 2025
1 - % Staff from BAME background	55.4%	57.8%	59.6%	60.8%	**62.4%**	55.9%	57.2%	54.7%	68.5%	50.6%	63.0%	72.6%
1 - % Band 8a+ Staff from BAME background	29.6%	35.0%	34.3%	35.7%	**36.6%**	45.7%	28.8%	24.2%	39.7%	39.7%	39.7%	53.3%
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.81	1.46	1.72	1.64	**1.80**	1.78	1.44	2.00	1.50	3.55	2.00	1.52
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff												
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.42	0.78	0.90		**0.94**		0.75	0.69	1.30	0.56	1.03	1.54
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	39.2%	35.9%	40.1%	37.3%	**36.8%**	24.9%	25.8%	56.8%	39.7%	29.0%	35.9%	37.2%
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	32.4%	32.8%	33.7%	31.5%	**30.2%**	25.3%	26.5%	34.3%	26.2%	38.7%	37.1%	30.3%
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion		42.6%	42.8%	45.5%	**46.4%**	47.6%	52.6%	54.2%	46.1%	35.5%	38.9%	37.5%
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	18.6%	19.3%	19.9%	17.5%	**16.5%**	16.4%	15.5%	14.2%	13.4%	20.0%	22.8%	15.5%
9 - % Board members from a BAME background	30.8%	23.1%		20.0%	**31.3%**							

NHS Workforce Race Equality Standard

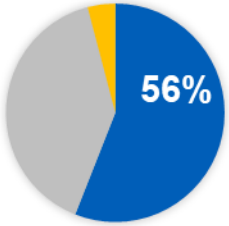
2025 Metrics | St Bartholomew's

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

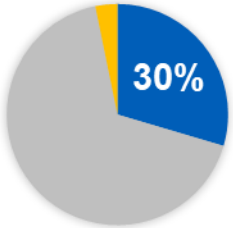
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.79x

This means white staff are 1.8 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

-

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.82

This means white staff are less likely to access training.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from staff:**

Indicator 7: Progression

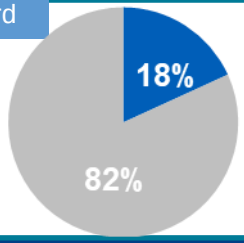
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

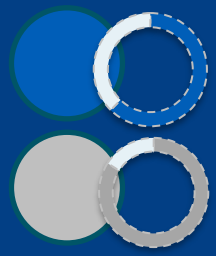
Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**

Indicator 9: The Board

Composition of the HEB:





= BME Staff.

=White staff

NHS Workforce Race Equality Standard

2025 Metrics | St Bartholomew's

Highlighted Insights

- The latest metrics showed that BAME **representation overall has remained static** (56.0%) and **fell for people in 8a+ roles** (29.6% vs 30.4%) **and HEB** (18.2% vs (20.0%). This is against an **increasing trend elsewhere across the Trust**. Diversity at SBH is low compared to the Trust, in particular in more senior roles.
- The likelihood of **white colleagues being appointed from shortlisting has deteriorated** for the second year running to a figure of 1.79×.
- Levels of **bullying and discrimination experienced by BAME colleagues from the public and other staff have improved** compared to last year though remains more prevalent than for white colleagues. Levels of **abuse and discrimination** faced by BAME colleagues are **particularly high in the Heart Centre**.
- **Bullying from colleagues has also increased** slightly though the **levels of discrimination experienced by BAME colleagues has fallen.**
- The percentage of BAME colleagues believing there are **equal opportunities for progression continues to increase.** The figure **has increased significantly since 2022** and is **above the Trust average.**

NHS Workforce Race Equality Standard

2025 Metrics | St Bartholomew's

WRES By Division	St Bart's overall 2021	St Bart's overall 2022	St Bart's overall 2023	St Bart's overall 2024	St Bart's overall 2025	Heart Centre 2025	Cancer Centre 2025	Clinical Support 2025	Site Mgmt 2025
1 - % Staff from BAME background	50.3%	50.7%	52. 6%	56.0%	**56.0%**	57.8%	61.6%	48.1%	36.6%
1 - % Band 8a+ Staff from BAME background	21.2%	25.1%	25.6%	30.4%	**29.6%**	26.3%	28.6%	32.8%	26.5%
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.79	1.79	1.45	1.74	**1.79**	1.88	1.22	2.04	2.03
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff									
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.62	0.75	0.92		**0.82**	0.89	1.04	0.59	0.39
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	31.1%	25.6%	23.4%	27.0%	**26.8%**	30.9%	26.4%	17.3%	15.8%
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	36.1%	32.4%	29.4%	30.2%	**28.6%**	32.6%	25.6%	23.1%	15.8%
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion		41.7%	41.9%	45.9%	**48.9%**	50.2%	47.9%	46.2%	50.0%
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	21.3%	16.8%	21.0%	16.1%	**15.1%**	17.2%	14.7%	10.7%	7.9%
9 - % Board members from a BAME background	11.1%	0.0%		20.0%	**18.2%**				

NHS Workforce Race Equality Standard

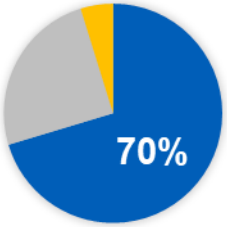
2025 Metrics | Whipps Cross

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

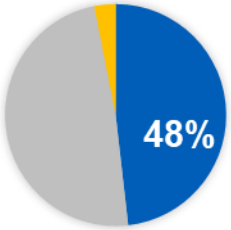
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.43x

This means white staff are 1.4 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

-

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.69x

This means white staff are less likely to access training.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

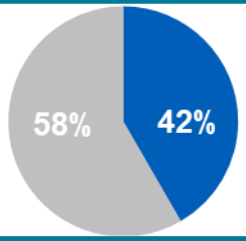
Percentage of staff experiencing harassment, bullying or **abuse from staff:**

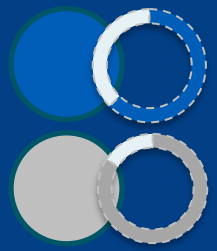
Indicator 7: Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**

Composition of the HEB:





= BME Staff.

=White staff

NHS Workforce Race Equality Standard

2025 Metrics | Whipps Cross

Highlighted Insights

- **Eight of the nine measures improved** in this year's set of results compared to the previous year.
- There has been an **continued increase in representation of BAME colleagues** overall (70.4%) and it remains high compared to Trust averages. **Representation in HEB also increased to 41.7%**. Representation in **8a+ roles fell** from 51.7% in 2024 to 48.2% this year. **Surgery and Cancer** (62%) has **very high representation in 8a+ roles**.
- The likelihood of **White colleagues being appointed from shortlisting improved to 1.43×** this is outside of the 0.8-1.25 range but below Trust averages and the lowest this figure has been since WRES metrics are recorded for WXH.
- **Levels of bullying and abuse from the public are relatively high at WXH (34.2%)** compared to the Trust averages but have **improve over the last year**.
- Levels of **bullying** (26.4%) and **discrimination** (14%) from other colleagues experienced by BAME colleagues **have declined** and **are below the Trust averages**.
- The percentage **BAME colleagues believing there are equal opportunities for progression at WXH (49.0%) is the highest across the Trust** and has **grown consistently** over the last few years.

NHS Workforce Race Equality Standard

2025 Metrics | Whipps Cross

WRES By Division	WXH overall 2021	WXH overall 2022	WXH overall 2023	WXH overall 2024	WXH overall 2025	Core Services 2025	Medicine 2025	Site Mgmt 2025	Surgery & Cancer 2025	Women & Children's 2025
1 - % Staff from BAME background	61.7%	64.2%	**67.7%**	68.9%	**70.4%**	67.0%	73.7%	51.9%	71.9%	68.8%
1 - % Band 8a+ Staff from BAME background	44.8%	41.3%	**47.3%**	51.7%	**48.2%**	51.2%	47.4%	32.2%	62.1%	57.1%
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.63	1.3	**1.50**	1.55	**1.43**	1.44	1.39	1.62	1.28	1.51
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff										
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.27	0.56	**0.85**		**0.86**	0.70	1.06	0.39	0.99	0.80
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	36.6%	36.1%	37.3%	35.5%	**34.2%**	23.6%	46.2%	28.9%	36.8%	23.2%
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	34.9%	33.7%	33.7%	27.7%	**26.4%**	27.2%	23.2%	28.9%	28.1%	26.2%
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion		43.2%	45.7%	48.9%	**49.0%**	45.5%	53.9%	48.9%	48.3%	46.8%
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	17.9%	19.2%	17.6%	15.9%	**14.0%**	15.8%	13.3%	15.6%	14.6%	10.7%
9 - % Board members from a BAME background	18.2%	22.2%		40.0%	**41.7%**					

NHS Workforce Race Equality Standard

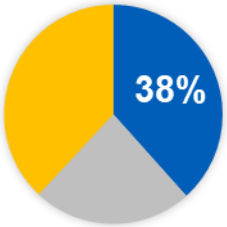
2025 Metrics | Group Support Services

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

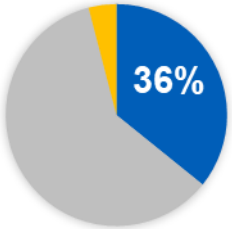
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.46x

This means white staff are 1.5 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

-

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

0.92

This means staff access training relatively equitably.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

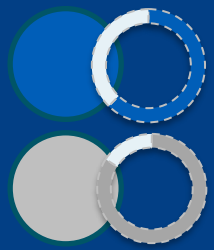
Percentage of staff experiencing harassment, bullying or **abuse from staff:**

Indicator 7: Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**



= BME Staff.

=White staff

NHS Workforce Race Equality Standard

2025 Metrics | Group Support Services

Highlighted Insights

- GSS has lower percentages of BAME colleagues than on the Hospital sites, due to the **high numbers of unknown ethnicity** however the figure this year, 38.4% is an increase. The cause is a result of **Soft FM colleagues not transferring with equality data in their records**. This means that for around 38% of GSS colleagues ethnicity is unknown – a figure that is improving, though slowly.
- The figure for **8a+ BAME representation has increased** compared to the previous year down to from 34.8% to 35.4%.
- The likelihood of White colleagues being **appointed from shortlisting is 1.46×** BAME colleagues, **better than the Trust average** but outside of the range of 0.8-1.25.
- The percentage of BAME colleagues in GSS that believe the Trust offers **equal opportunities for progression is low** compared to Trust averages (37.5%).
- Levels of **abuse from the public** experienced by BAME colleagues **is low** (16.0%), many GSS colleagues are not patient facing which will be a driver for this.
- **Levels of abuse** (20.3%) and **discrimination** (15.1%) from other colleagues is also **low in GSS compared to the rest of the Trust**. These **measure have been improving.**

NHS Workforce Race Equality Standard

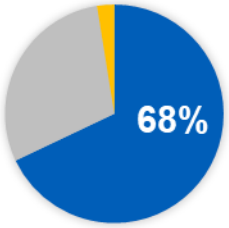
2025 Metrics | Pathology Partnership

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

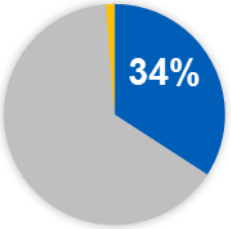
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff.

Staff at band 8a and above



Ethnically diverse people make up a smaller percentage of staff in senior roles compared to the workforce as a whole. Whilst this has improved at Barts Health each year, under representation remains a key challenge in the NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting compared** to ethnically diverse staff**:**

1.43x

This means white staff are 1.54 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering **a formal disciplinary** process compared to white staff:

-

This means ethnically diverse staff are more likely to enter formal disciplinary. This is based on a very small number of cases, therefore not statistically reliable.

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

1.29

This means staff access training relatively equitably.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from patients, relatives or public:**

Indicator 6: Bullying from staff

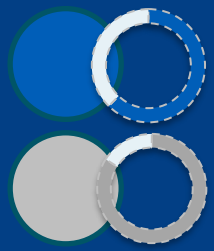
Percentage of staff experiencing harassment, bullying or **abuse from staff:**

Indicator 7: Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues:**



= BME Staff.

=White staff

NHS Workforce Race Equality Standard

2025 Metrics | Pathology Partnership

Highlighted Insights

- Overall **most measures for Pathology are worse than Trust averages**. **Representation** of BAME people is **high overall** (68.0%) but **low in 8a+ roles** (34.1%) – therefore the **disparity is particularly large**.
- The likelihood of White colleagues being **appointed from shortlisting is 1.43×** higher than for BAME colleagues. This figure is **better than trust averages**.
- The **levels of abuse from the public is very low**, noting a majority of people are not patient facing, though only BAME colleagues in the Pathology Partnership experienced abuse, no white colleagues reported any.
- Levels of **abuse and discrimination experienced by BAME colleagues** from other colleagues is **higher than Trust averages** and there is a **wide gap between the experience of White and BAME colleagues** in the Partnership.
- The percentage of BAME colleagues that believe the Trust offers **equal opportunities for progression is very low** (33.2%). compared to Trust averages and **much lower than for White colleagues** (51%).

WeCare
Our vision, values and behaviours

NHS
Barts Health
NHS Trust

Workforce Disability Equality Standard Data

April 2024 - March 2025

NHS Workforce Race Equality Standard

Barts Health WDES Metrics 2025

Introduction

- The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. It is a set of ten specific measures which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.
- Our official results are published annually for the whole of Barts Health. This information pack also contains the equivalent scores for each of our hospital sites including directorate level and for GSS and the Pathology Partnership. This pack contains the metrics period April 2024 - March 2025 as well as the overall Group level trends for each Hospital over the last five years.

Notes

- In some cases data is not available at Hospital or Directorate level, this is indicated by greyed out boxes in the accompanying tables. This particularly affects the data for WDES 3, relating to the formal capability process, where only 15 cases have occurred over the last 2 years.
- Each Hospital includes a Site management Directorate. Whilst these teams have the same name there is a large variety of functions, depending on the Hospital, which could include estates, discharge and governance teams.

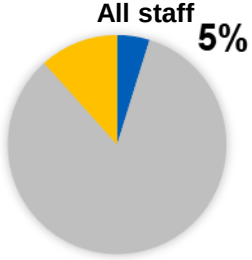
NHS Workforce Disability Equality Standard

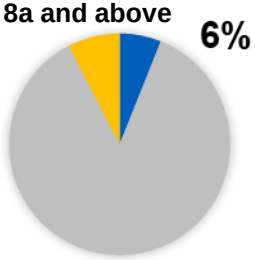
2025 Metrics | Barts Health Trust

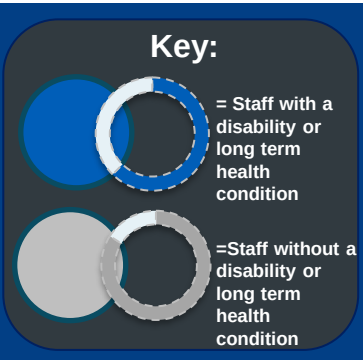
The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff







See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.10x

This means non-disabled staff are 1.10 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

9.93x

Disabled staff are 9 times more likely to enter formal capability, Numbers are very small this is not statistically significant.

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

4d: Bullying reported

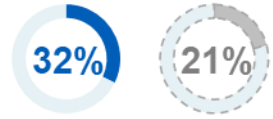
Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

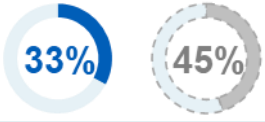
6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**



7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.3 **6.8**

10: Trust Board

Percentage disabled staff on the Trust Board

NHS Workforce Disability Equality Standard

2025 Metrics | Barts Health Trust

WDES Metric	Barts Health 2023	Barts Health 2024	Barts Health 2025	NUH 2025	RLH 2025	SBH 2025	WXH 2025	GSS 2025	Path 2025
1 - % Staff with a disability	4.0%	4.2%	**4.8%**	4.8%	5.3%	4.5%	4.7%	3.6%	5.8%
1 - % Band 8a+ with a disability	4.0%	5.4%	**6.1%**	8.3%	6.8%	5.1%	6.7%	5.3%	7.3%
2 - Relative likelihood of being appointed from shortlisting	1.12	1.15	**1.10**	1.06	1.02	1.13	1.03	1.45	1.10
3 - Relative Likelihood of entering the formal capability process	1.68	7.01	**9.90**						
4a - Staff experiencing harassment, bullying or abuse from patients, relatives or public	35.5%	33.1%	**33.3%**	50.8%	41.0%	32.6%	42.3%	14.4%	3.0%
4b - Staff experiencing harassment, bullying or abuse from managers	26.3%	22.4%	**19.6%**	27.8%	18.6%	16.4%	23.7%	17.8%	19.1%
4c - Staff experiencing harassment, bullying or abuse from colleagues	32.8%	30.1%	**30.6%**	37.4%	32.1%	33.1%	31.1%	21.2%	42.0%
4d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	45.4%	49.2%	**48.5%**	51.7%	50.8%	42.5%	45.0%	53.7%	50.0%
5 - Staff believing the trust provides equal opportunities for career progression or promotion	39.7%	41.2%	**40.7%**	37.2%	43.9%	44.5%	36.3%	36.3%	31.9%
6 - Have you felt pressure from your manager to come to work when unwell?	39.5%	33.8%	**32.3%**	33.6%	29.7%	27.5%	43.1%	32.3%	41.5%
7 – Satisfied with the extent to which my organisation values my work	29.8%	30.7%	**32.8%**	28.8%	30.5%	36.2%	28.5%	38.9%	18.8%
8 - Has your employer made adequate adjustment(s) to enable you to carry out your work?	62.2%	65.1%	**65.4%**	59.8%	64.5%	71.2%	62.9%	64.3%	73.9%
9 - Staff Engagement Score	6.2	6.3	**6.3**	6.11	6.19	6.72	6.12	6.29	5.59
10 - Board Membership	5%	0%	**0%**	9%	0%	9%	0%		

NHS Workforce Disability Equality Standard

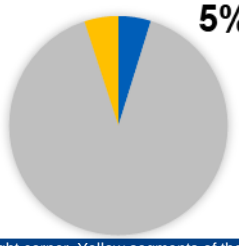
2025 Metrics | Newham Hospital

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

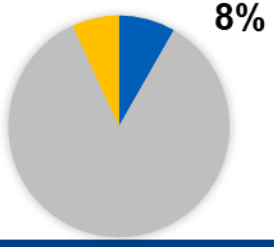
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

All staff



Staff at band 8a and above



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:

= Staff with a disability or long term health condition

=Staff without a disability or long term health condition

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.06x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

-

Not available due to small numbers

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**

8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

60%

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.1 **6.8**

10: Hospital Executive Board

Percentage disabled staff on the Trust Board

9%

NHS Workforce Race Equality Standard

2025 Metrics | Newham University Hospital

Highlighted Insights

- **Nine of the metrics improved** compared to the previous year and **two declined**: Bullying from the Public (51%) and from Managers (28%). Overall there is a wide gap between the experience of disabled and non-disabled people at Newham.
- **Representation of disabled people at Newham is in line with Trust averages** overall (4.8%) which is unchanged since last year. **Representation in 8a+ roles is higher** (8.3%) than average **and in the HEB** (9%) having seen an increase since the previous year's figure.
- There is **no significant disparity between the likelihood of disabled and non-disabled colleagues being appointed** once shortlisted. The figure 1.06 is within the range 0.8-1.25.
- Levels of **abuse experienced by disabled colleagues is high** compared to averages for abuse from the public (51%), managers (28%) and colleagues (37%). **These figures are consistently higher for the Site Management** directorate.
- The percentage of disabled colleagues believing the **Trust offers equal opportunities for progression has increased** in the last year to 32.7%, this remains below the Trust average.
- There has been a large **improvement with the percentage of disabled people feeling pressured to come to work when unwell**, this fell to 33.6% from 47.5% last year.
- The percentage of disabled colleagues reporting they **receive the adjustments they need also improved notably rising to 59.8%** though this remains below Trust averages.
- Overall **disabled colleagues at Newham report low levels of feeling valued** (28.8%) and have a **low staff engagement score** (6.11) though these figures have improved.

NHS Workforce Disability Equality Standard

2025 Metrics | Newham Hospital

WDES Metric	NUH 2024	NUH 2025	CSS 2024	Emerg' Care and Acute 2025	Site Mgmt 2025	Surgery & Cancer 2025	Women & Children 2025
1 - % Staff with a disability	4.8%	**4.8%**	4.7%	4.7%	10.6%	3.4%	4.6%
1 - % Band 8a+ with a disability	7.0%	**8.3%**	0.0%	4.5%	15.6%	8.3%	0.0%
2 - Relative likelihood of being appointed from shortlisting	1.09	**1.06**	0.97	0.85	0.86	3.73	1.07
3 - Relative Likelihood of entering the formal capability process							
4a - Staff experiencing harassment, bullying or abuse from patients, relatives or public	44.2%	**50.8%**	35.7%	62.3%	50.0%	44.2%	50.0%
4b - Staff experiencing harassment, bullying or abuse from managers	23.7%	**27.8%**	50.0%	24.5%	57.1%	24.5%	19.6%
4c - Staff experiencing harassment, bullying or abuse from colleagues	38.1%	**37.4%**	28.6%	34.6%	42.9%	37.3%	41.7%
4d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	44.9%	**51.7%**	-	39.5%	70.0%	50.0%	64.5%
5 - Staff believing the trust provides equal opportunities for career progression or promotion	35.3%	**37.2%**	28.6%	35.8%	50.0%	43.4%	30.6%
6 - Have you felt pressure from your manager to come to work when unwell?	47.5%	**33.6%**	58.3%	28.9%	38.5%	40.0%	20.6%
7 – Satisfied with the extent to which my organisation values my work	28.8%	**28.8%**	28.6%	20.4%	35.7%	35.8%	28.6%
8 - Has your employer made adequate adjustment(s) to enable you to carry out your work?	53.2%	**59.8%**	45.5%	61.8%	60.0%	66.7%	53.3%
9 - Staff Engagement Score	5.9	**6.11**	5.00	6.03	5.30	6.16	6.68
10 - HEB Membership	5.3%	**9%**					

NHS Workforce Disability Equality Standard

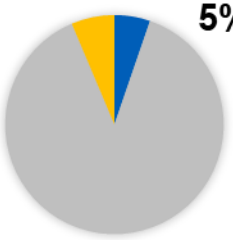
2025 Metrics | Royal London Hospital

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

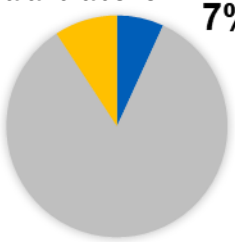
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

All staff



Staff at band 8a and above



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:

= Staff with a disability or long term health condition

=Staff without a disability or long term health condition

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.02x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

-

Not available due to small numbers

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

5 Progression

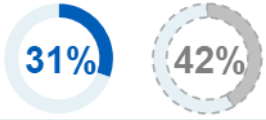
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

65%

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.2 **6.9**

10: Hospital Executive Board

Percentage disabled staff on the Trust Board

0%

NHS Workforce Race Equality Standard

2025 Metrics | Royal London Hospital

Highlighted Insights

- **Seven the metrics improved** compared to the previous year and **six deteriorated**
- **Representation of disabled people at RLH above Trust averages** and has increased over the last year. Site Management has a particularly high percentage of people that have updated ESR with their disability. There are no HEB members with a disability recorded.
- The **likelihood of being appointed once shortlisted is almost exactly the same** for disabled and non-disabled staff having moved more equal over the last year. However the **Medicine directorate shows a significant disparity** where non-disabled people have a 1.5 time higher likelihood of getting appointed.
- Levels of **abuse experienced by disabled colleagues from the public is high** compared to averages at the Trust, the ECAT directorate is a hotspot area. Abuse from managers and other colleagues is around the average levels but experiences of abuse for disabled people are higher for non-disabled people.
- The percentage of disabled colleagues believing the **Trust offers equal opportunities for progression has increased** in the last year to 43.9%, this is **better than the average**.
- There has been a large **improvement with the percentage of disabled people feeling pressured to come to work when unwell**, this fell to 29.7%.
- The percentage of disabled colleagues reporting they **receive the adjustments** they need has **deteriorated, falling from 67.5% to 64.5%**
- Overall **disabled colleagues at Royal London have lower levels of satisfaction** with feeling valued than the Trust average (30.5%), this figure improved since last year. There is a **low staff engagement score** (6.19) which has declined compared to last year.

NHS Workforce Disability Equality Standard

2025 Metrics | Royal London Hospital

WDES Metric	RLH 2024	RLH 2025	AHDC 2025	Children's 2025	ECAT 2025	Medicine 2025	Site Mgmt. 2025	Surgery 2025	Women's 2025
1 - % Staff with a disability	4.8%	**5.3%**	6.0%	6.5%	5.5%	4.4%	9.2%	3.9%	6.3%
1 - % Band 8a+ with a disability	5.6%	**6.8%**	5.4%	5.5%	9.7%	6.3%	6.9%	5.2%	6.7%
2 - Relative likelihood of being appointed from shortlisting	0.94	**1.02**	1.15	0.96	0.86	1.42	0.45	1.18	0.62
3 - Relative Likelihood of entering the formal capability process									
4a - Staff experiencing harassment, bullying or abuse from patients, relatives or public	40.3%	**41.0%**	49.4%	23.8%	57.0%	39.5%		45.2%	42.1%
4b - Staff experiencing harassment, bullying or abuse from managers	22.5%	**18.6%**	21.3%	13.8%	13.0%	14.0%		26.0%	23.2%
4c - Staff experiencing harassment, bullying or abuse from colleagues	30.0%	**32.1%**	32.9%	27.9%	35.9%	20.0%		44.8%	33.9%
4d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	52.5%	**50.8%**	46.7%	55.9%	57.7%	55.6%		40.8%	53.8%
5 - Staff believing the trust provides equal opportunities for career progression or promotion	42.2%	**43.9%**	50.6%	59.7%	47.4%	40.4%		33.9%	24.6%
6 - Have you felt pressure from your manager to come to work when unwell?	32.4%	**29.7%**	28.8%	27.6%	28.1%	34.1%		28.9%	27.3%
7 – Satisfied with the extent to which my organisation values my work	28.1%	**30.5%**	29.6%	33.3%	32.9%	34.8%		24.8%	28.1%
8 - Has your employer made adequate adjustment(s) to enable you to carry out your work?	67.5%	**64.5%**	83.3%	67.6%	68.0%	58.9%		57.0%	59.0%
9 - Staff Engagement Score	6.3	**6.19**	5.68	6.76	6.24	6.46		5.87	5.87
10 - HEB Membership	5%	**0%**							

NHS Workforce Disability Equality Standard

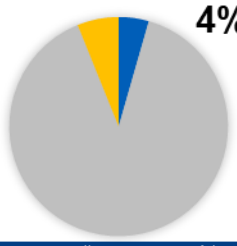
2025 Metrics | St Bartholomew's

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

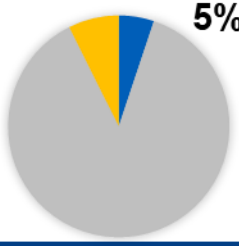
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

All staff



Staff at band 8a and above



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:

= Staff with a disability or long term health condition

=Staff without a disability or long term health condition

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.13x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

-

Not available due to small numbers

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

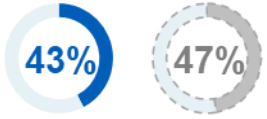
Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**



5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**

8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

71%

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.7 **7.2**

10: Hospital Executive Board

Percentage disabled staff on the Trust Board

9%

NHS Workforce Race Equality Standard

2025 Metrics | St Bartholomew's

Highlighted Insights

- **Nine the metrics improved** compared to the previous year and **three deteriorated.**
- **Representation of disabled people at St Barts is below Trust averages** both overall (4.5%) and in 8a+ roles (5.1%), these are slightly higher than last year's figures. In the HEB 9% of people are recorded on ESR with a disability.
- The **likelihood of being appointed once shortlisted is now down to 1.13×** which is an improvement from last year and is now in the range of 0.8-1.25 which represents no significant disparity.
- Levels of **abuse experienced by disabled colleagues from the public slightly better than average.** Abuse from managers is worse than average and from other colleagues better than average. However abuse is more likely to be experienced by disabled compared to non-disabled colleagues.
- The percentage of disabled colleagues believing the **Trust offers equal opportunities for progression has deteriorated** in the last year to 44.5% from 47.0%, however this remains the **best score in the Trust.**.
- There is a similar trend for **percentage of disabled people feeling pressured to come to work when unwell (27.5%)**, which is also the best score at the Trust but has seen a deterioration compared to the previous year.
- The percentage of disabled colleagues reporting they **receive the adjustments deteriorated falling from 67.5% to 64.5%**
- Overall **disabled colleagues at St Barts have higher levels of feeling valued** than the Trust average (36.2%), this figure improved since last year. The **staff engagement score (6.72) is the highest at the Trust.**

NHS Workforce Disability Equality Standard

2025 Metrics | St Bartholomew's

WDES Metric	SBH 2024	SBH 2025	Heart Centre 2025	Cancer Centre 2025	Clinical Support 2025	Site Mgmt 2025
1 - % Staff with a disability	3.8%	**4.5%**	3.8%	3.9%	6.0%	9.9%
1 - % Band 8a+ with a disability	4.9%	**5.1%**	2.1%	5.7%	6.0%	7.4%
2 - Relative likelihood of being appointed from shortlisting	1.40	**1.13**	1.17	1.20	0.96	2.11
3 - Relative Likelihood of entering the formal capability process						
4a - Staff experiencing harassment, bullying or abuse from patients, relatives or public	37.2%	**32.6%**	37.9%	37.1%	18.7%	18.3%
4b - Staff experiencing harassment, bullying or abuse from managers	16.7%	**16.4%**	16.8%	19.7%	15.4%	8.5%
4c - Staff experiencing harassment, bullying or abuse from colleagues	29.3%	**33.1%**	38.4%	33.3%	24.2%	14.3%
4d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	42.0%	**42.5%**	43.4%	43.2%	40.6%	27.3%
5 - Staff believing the trust provides equal opportunities for career progression or promotion	47.0%	**44.5%**	42.3%	45.1%	44.0%	58.3%
6 - Have you felt pressure from your manager to come to work when unwell?	25.8%	**27.5%**	32.0%	27.3%	19.7%	28.1%
7 – Satisfied with the extent to which my organisation values my work	33.4%	**36.2%**	30.8%	44.4%	36.3%	60.3%
8 - Has your employer made adequate adjustment(s) to enable you to carry out your work?	70.6%	**71.2%**	72.4%	65.9%	69.0%	-
9 - Staff Engagement Score	6.6	**6.72**	6.58	6.83	6.79	7.67
10 - HEB Membership	10%	**9%**				

NHS Workforce Disability Equality Standard

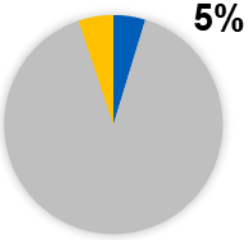
2025 Metrics | Whipps Cross

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

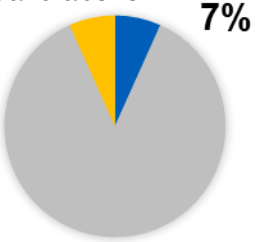
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

All staff



Staff at band 8a and above



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:

= Staff with a disability or long term health condition

=Staff without a disability or long term health condition

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.03x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

-

Not available due to small numbers

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

5 Progression

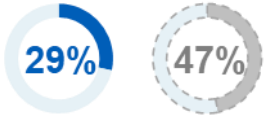
Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:

6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

63%

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.1 **6.9**

10: Hospital Executive Board

Percentage disabled staff on the Trust Board

0%

NHS Workforce Race Equality Standard

2025 Metrics | Whipps Cross

Highlighted Insights

- Overall there was a broad improvement in the WDES metrics at Whipps Cross **with nine metrics improving** compared to 2024 and **just two deteriorating**.
- **Representation of disabled people in the workforce is low at WXH**, **overall it is 4.7%** which is an increase compared to last year. In **8a+ roles there are 6.7% of people that have a disability** which is also an increase. There are **no members of the HEB** that have updated ESR with a disability.
- The **overall levels of abuse disabled people face** at Whipps Cross is **higher than Trust averages** from the **public** (42.3%), **managers** (23.7%) or **colleagues** (31.1%). However **all three figures represent large improvements** over the last year. The percentage of **staff reporting these incidents is the lowest at the Trust** (45.0%) which has declined.
- The percentage of disabled colleagues believing the **Trust offers equal opportunities for progression has improved to 36.3%**, however this is the **lower than average at the Trust**.
- The **percentage of disabled people feeling pressured to come to work when unwell (43.1%)**, has increased over the last year and is the **worst score across the Trust.** The **Core Services** and **Medicine** directorates in particular **have high scores.**
- The percentage of disabled colleagues reporting they **receive the adjustments improved to 62.9%**
- Overall **disabled colleagues at WXH have low levels of satisfaction** with feeling valued than the Trust average (28.5%), and **staff engagement** (6.12).

NHS Workforce Disability Equality Standard

2025 Metrics | Whipps Cross

WDES Metric	WXH 2024	WXH 2025	Core Services 2025	Medicine 2025	Site Mgmt 2025	Surgery & Cancer 2025	Women & Children's 2025
1 - % Staff with a disability	4.2%	**4.7%**	5.2%	3.8%	8.6%	4.0%	5.4%
1 - % Band 8a+ with a disability	6.1%	**6.7%**	0.0%	2.6%	11.9%	6.9%	7.1%
2 - Relative likelihood of being appointed from shortlisting	1.44	**1.03**	0.87	1.24	0.60	1.43	0.99
3 - Relative Likelihood of entering the formal capability process							
4a - Staff experiencing harassment, bullying or abuse from patients, relatives or public	44.2%	**42.3%**	35.1%	63.6%	38.5%	40.4%	40.0%
4b - Staff experiencing harassment, bullying or abuse from managers	30.0%	**23.7%**	19.3%	27.3%	30.8%	27.5%	18.2%
4c - Staff experiencing harassment, bullying or abuse from colleagues	39.2%	**31.1%**	25.9%	36.4%	30.8%	34.0%	31.1%
4d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	52.9%	**45.0%**	32.1%	45.5%	50.0%	46.4%	57.9%
5 - Staff believing the trust provides equal opportunities for career progression or promotion	33.3%	**36.3%**	34.5%	36.4%	57.7%	26.0%	37.8%
6 - Have you felt pressure from your manager to come to work when unwell?	37.8%	**43.1%**	48.9%	45.8%	33.3%	38.2%	43.8%
7 – Satisfied with the extent to which my organisation values my work	25.7%	**28.5%**	22.4%	30.3%	46.2%	26.9%	26.7%
8 - Has your employer made adequate adjustment(s) to enable you to carry out your work?	59.4%	**62.9%**	79.4%	54.5%	61.5%	58.3%	55.6%
9 - Staff Engagement Score	6.1	**6.12**	5.77	5.82	7.01	6.39	5.98
10 - HEB Membership	0%	**0%**					

NHS Workforce Disability Equality Standard

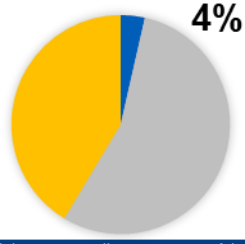
2025 Metrics | Group Support Services

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

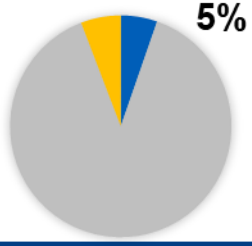
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

All staff



Staff at band 8a and above



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:

= Staff with a disability or long term health condition

=Staff without a disability or long term health condition

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.45x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

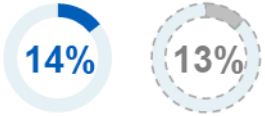
The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

-

Not available due to small numbers

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

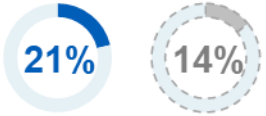


4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

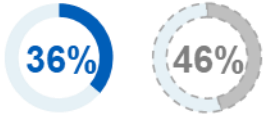


4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**

5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:



6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**

8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.3 **7.0**

NHS Workforce Race Equality Standard

2025 Metrics | Group Support Services

Highlighted Insights

- Due to the **impact of the transfer of Soft FM colleagues transferring into Barts** without equality information in their records there is a very high percentage of 'unknown' disability status, this has an impact on the **percentage of disabled colleagues in GSS which is the lowest at the Trust 3.6%.** Representation is **higher in 8a+ roles at 5.3%,** though still below the average.
- The **likelihood of being appointed once shortlisted shows a high level of disparity: 1.45×** the highest level in the Trust and outside of the range of 0.8-1.25 which would represent fairness.
- **Levels of abuse faced by disabled colleagues** from all causes is **low in GSS compared to the rest of the Trust**, it is higher for disabled colleagues compared to non-disabled colleagues though the difference is less than at most hospital sites. **Reporting this abuse is high** in GSS (54%)
- The percentage of disabled colleagues believing the **Trust offers equal opportunities for progression (36.3)**, is low compared to most of the rest of the Trust.
- The **proportion of disabled people say they received the adjustments they need**, 64.3% is slightly below Trust averages.
- The level of **satisfaction with feeling valued for disabled colleagues is relatively high in GSS** compared to the rest of the Trust (39%). The **staff engagement score is in line with the average** (6.3%).

NHS Workforce Disability Equality Standard

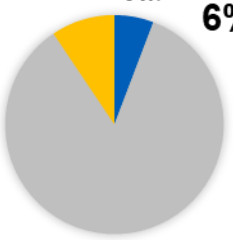
2025 Metrics | Pathology Partnership

The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

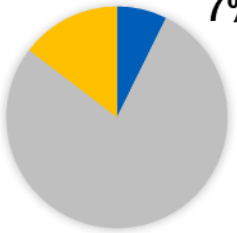
This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

1: Our Staff

All staff 6%



Staff at band 8a and above 7%



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

Key:

= Staff with a disability or long term health condition

=Staff without a disability or long term health condition

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.10x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering **a formal capability** process compared to non-disabled staff:

-

Not available due to small numbers

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**

4b: Bullying from managers

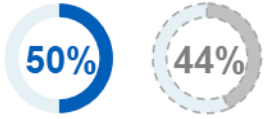
Percentage of staff experiencing harassment, bullying or **abuse from managers:**

4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**

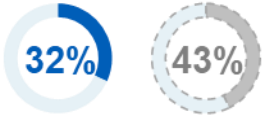
4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**



5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:



6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**

7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**

8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work

9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

5.6 **6.3**

NHS Workforce Race Equality Standard

2025 Metrics | Pathology Partnership

Highlighted Insights

- **Representation** of disabled staff in the Pathology Partnership **is high compared to the rest of the Trust**. The **overall figure is 5.8%** and in **8a+ roles the figure is 7.3%**
- The **likelihood of being appointed once shortlisted (1.10×)** is within the range of 0.8-1.25 showing no significant level of disparity.
- **Levels of abuse faced by disabled colleagues** from the **public is very low** (3%). Abuse **from managers is around the Trust average** (19%) but is **very high for abuse from other colleagues** (42%), more than **twice the rate for non-disabled colleagues** (20%)
- The percentage of disabled colleagues believing the **Trust offers equal opportunities for progression (31.9%)**, is the **lowest at the Trust**.
- A **high proportion of disabled people say they received the adjustments they need**, 73.9%.
- The level of **satisfaction with feeling valued very low in the Partnership** compared to the rest of the Trust (19%). The **staff engagement score is also very low** (5.6%). In both cases there is a large difference between disabled and non-disabled staff.

WeCare

WeBelong

Becoming a truly **inclusive** organisation

NHS

Barts Health

NHS Trust

Gender, Ethnicity & Disability Pay Gap Report

2024 / 2025

Summary report covering data from the period 1st April 2024 – 31st March 2025. This report provides our annual Gender Pay Gap and Ethnicity Pay Gap trends, as well as our Disability Pay Gap snapshot.

Executive Summary:

1. Purpose

The purpose of this report is to present our Gender Pay Gap (GPG) and Ethnicity Pay Gap (EPG) and Disability Pay Gap (DPG) position for 2025. This report covers a snapshot of GPG data from March 2025, covering our GPG submission for the 2024/2025 period (unless otherwise stated) and is legally required to be published no later than the statutory date of 30 March 2026[1].

2. What is the Gender Pay Gap and Ethnicity Pay Gap?

The GPG highlights the disparity in average pay between women and men across a workforce. If women do more of the less well-paid jobs within an organisation than men, the gender pay gap is usually bigger. As a measure, it captures any pay inequalities resulting from differences in the sorts of jobs performed by men and women and the gender composition of the organisation by seniority. It does not mean that two people doing the same job, get different pay. This is the ninth year of Barts Health publishing its Gender Pay Gap data.

As in previous years, our EPG is also reported here. The EPG measures the difference in average pay between White staff and those from Black, Asian, and Minority Ethnic (BME) backgrounds. The DPG refers to the difference in average pay between disabled and non-disabled employees.

Although EPG and DPG reporting is not a statutory requirement, the NHS England EDI Improvement Plan recommends that all Trusts analyse pay gap data by protected characteristic and put in place improvement plans. Plans should be in place for sex and race by 2024, disability by 2025, and all other protected characteristics by 2026.

Barts Health NHS Trust (Barts Health) has reported EPG data since March 2020, and this is the first year that we are reporting our DPG data.

While we provide separate snapshots for the GPG, EPG, and DPG, we recognise that many factors, such as flexible working, caring responsibilities, and socio-economic background may intersect with different protected characteristics, creating compounding layers of disadvantage.

Therefore, at the end of this report, we present an integrated, intersectional action plan that takes a holistic approach to pay equity. Our aim is to address structural and cultural drivers of pay inequality, to ensure equal opportunities for all staff, regardless of individual background or circumstances.

3. Context

Barts Health is one of the largest Trusts in the country and one of Britain's leading healthcare providers. With a diverse workforce of over 20,000 staff, in addition to volunteers, students, and contractors, pay gap data provides a valuable insight into the challenges of inclusion and diversity across our entire workforce.

Like most Trusts in the country, Barts Health has a workforce that is predominantly female. Our current workforce diversity information shows that female workers make up

[1] The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

approximately 69% of our workforce and approximately 31% are male. According to data from the period this report covers, 29% of our staff are White, 26% are Asian, 22% are Black, 3% are from a mixed heritage background and 9% were from 'other' ethnic backgrounds. The ethnicity of 11% of our workforce is unknown.

One of our key aspirations as part of our WeBelong inclusion strategy is to ensure fair and equal progression for all staff. Closing our gender, ethnicity and disability pay gaps is a key driver of this ambition. We are providing this report to offer full transparency on our current position, to highlight where improvement is needed, and to support both our statutory obligations and strategic ambitions.

Many of the inequality gaps highlighted in this report are not unique to Barts Health; they are widespread across the NHS and society. By continuing to publish the extent of our own inequalities, we hope to give further recognition to this agenda and be open with our own challenges as a positive step towards addressing them.

4. Summary of Key Trends and Actions for the Next 12 Months

We are proud that over the past year, Barts Health has made progress in reducing pay disparities, particularly in relation both our median and mean EPG. However, significant challenges remain. The data highlights persistent structural inequalities, including underrepresentation of women and Global Majority colleagues in the highest pay quartiles, a high median and mean EPG, and significant variation in hourly pay by ethnicity which requires attention.

To address these challenges, we are implementing a comprehensive, intersectional action plan that focuses on six key themes:

- Governance: To ensure strong leadership, accountability, and oversight in driving pay equity.
- Data & Insight: To build a deeper understanding of the root causes of pay disparities across our workforce.
- Recruitment: To create fair, inclusive, and accessible pathways into the organisation for all.
- Career Progression: To enable equitable opportunities for development and advancement at every level.
- Culture: To foster an inclusive, respectful, and supportive working environment
- Engagement: To centre the voices and experiences of our staff in shaping meaningful change.

These actions are underpinned by our WeBelong Inclusion Strategy and our recently refreshed Barts Health People Strategy, which places inclusion and equity at the heart of our strategic priorities. Our commitment is clear: to close our pay gaps, we must go beyond compliance and embed fairness into every aspect of our organisational culture.

5. How is the Gender Pay Hap changing at Barts Health?

Overall, the median Gender Pay Gap (GPG) has shown improvement from when we first started reporting. Since first reporting in 2017, the median hourly pay gap of 13.3% between male and female colleagues has reduced to 3.3% in March 2025. This means that for every £1 that the median man earned, the median woman earned £0.97. This is an improvement of 1.5 percentage points from the previous year (4.8% in March 2024). The median pay gap is calculated by separately listing men and women across the entire workforce in increasing salary order and counting up to the "middle" person in each of the lists. This avoids skewing the figure with the highest and lowest salaries.

Following fluctuations between 2017 and 2021, our mean GPG has since been improving for four consecutive years between March 2021 and March 2025. In March 2025, the mean pay gap was 14.7%, which means that for every £1 the average man earned, the average woman earned £0.85. This is an improvement of 2.2 percentage points from the previous year (16.9% in March 2024). The mean is calculated by adding up all the salaries or bonuses for men or women and dividing it by the total number of people in each group.

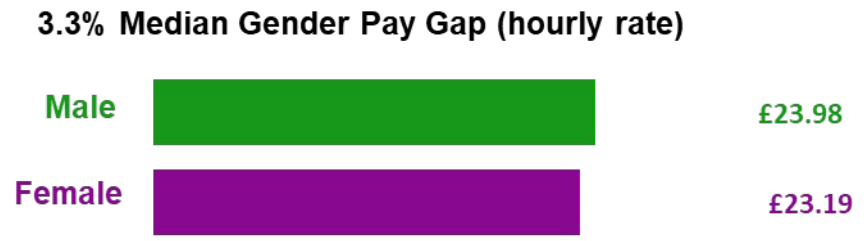


Fig.1

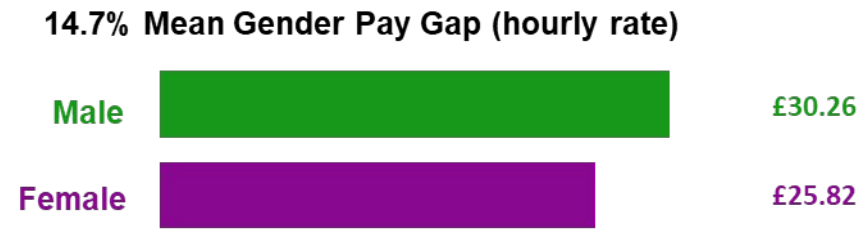


Fig. 2

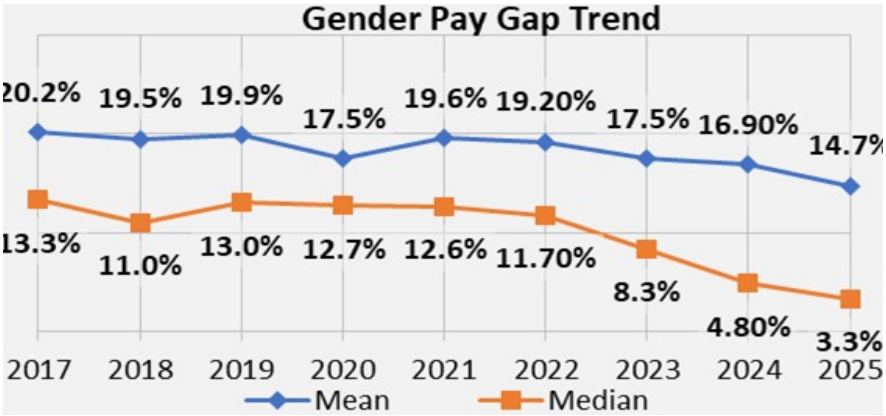


Fig. 3

The median helps give a picture of the middle and is less impacted by outliers (i.e., people in roles that are banded much higher, or lower). An improvement could indicate that the distribution of roles/pay across some parts of the organisations is becoming fairer. The mean is more impacted by higher salaries. The proportion of males is higher in some higher hourly rate staff groups (e.g. doctors) which will impact on GPG as this staff group is predominantly in the top quartile.

6. Bonus Gender Pay Gap Data: March 2017 – March 2025

The GPG data requirement also looks at the difference between bonus payments received by men and women. For Barts Health, the main payment that would normally fit the description of bonus, per gender pay gap reporting, is the Clinical Excellence Award (CEA), which has now been replaced by the National Clinical Impact Award Scheme. Only legacy awards (pre-2018) continue to be paid following the most recent consultant contract, meaning that those earning the bonus will continue to do so until they retire or leave the organisation. As a result, this is not influenceable. In 2024/25, 24% of female consultants received a CEA payment compared to 34% of male consultants. The significance of reporting against this metric is somewhat diminished compared to previous years, as it reflects a closed scheme with a fixed recipient group. However, for transparency, we will continue to note these figures in our reports going forward.

Our median bonus GPG is currently 27.1%, which means that for every £1 that the median bonus earning man earned, the median woman earned £0.73. Our mean bonus GPG is currently 35.5%, which means that for every £1 that the average bonus earning man earned, the average woman earned £0.65. There was an decrease in the median CEA in 2021 following the decision to allocate the local CEA funding equally to all eligible consultants. Since this scheme has ended the median has returned to the pre-covid levels.

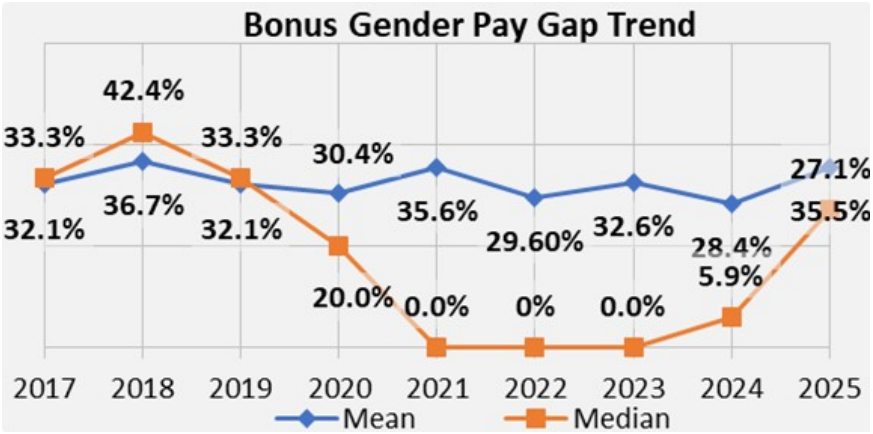


Fig. 4

7. Gender Pay Gap: Benchmarking Against Similar Trusts

2025 data is not yet available for all 10 large acute trusts in London for benchmarking purposes, as the 2025 position is not due to be published until March 2026. We instead present complete figures from the March 2023/24 snapshot which is the latest complete comparison of data from relevant trusts (see Table 1 and 2 below). We can therefore only benchmark retrospectively, until the 2025 data from all other trusts is published.

Benchmarking against similar NHS Trusts shows that Barts Health ranks among the top two trusts in relation to the median GPG, and the bottom four trusts in the region in relation to the mean GPG. It should be noted that these figures are based on snapshots from 2 years ago so comparisons should be used with caution. Moreover, while national benchmarking data can provide useful context, it is important to that ensure comparisons are made on a like-for-like basis, considering structural differences such as insourcing, which can significantly impact pay gap data.

Trust	Median Gap %
Imperial College Healthcare NHS Trust	2.1%
Barts Health NHS Trust	4.8%
University College Hospital NHS Trust	7.0%
• St George's University Hospitals NHS Foundation Trust • Guy's & St Thomas' NHS Foundation Trust	8.6%
Royal Free London NHS Foundation	13.0%
Homerton University Hospital Foundation Trust	13.3%
King's College Hospital	14.1%
Lewisham And Greenwich NHS Trust	15.3%
Barking, Havering and Redbridge University Hospitals NHS Trust	19.2%

Table 1. Median GPG: National Benchmarking

Trust	Mean Gap %
Imperial College Healthcare NHS Trust	10.6%
St George's University Hospitals NHS Foundation Trust	11.6%
Royal Free London NHS Foundation	12.2%
Guy's & St Thomas' NHS Foundation Trust	12.4%
University College Hospital NHS Trust	14.0%
King's College Hospital	16.2
Barts Health NHS Trust	16.9%
Homerton University Hospital Foundation Trust	20.1
Lewisham And Greenwich NHS Trust	21.8%
Barking, Havering and Redbridge University Hospitals NHS Trust	22.4%

Table 2. Mean GPG: National Benchmarking

Note: *Large London Acute used with NEL Acutes included. (Workforce 5,000+). Source: https://gender-pay-gap.service.gov.uk/ Figures for March 24 reflect those submitted for 2024-25. Figures for March 25 (25-26 reporting year) are not available yet.*

8. Proportion of Males and Females in each Pay Quartile

To give an overview of where women and men are distributed in terms of seniority, the proportions of male and female employees are split between four quartiles – lower, lower middle, upper middle and upper pay bands, representing increasing seniority. The proportion of women and men in these quartiles are summarised in Figure 5 below:

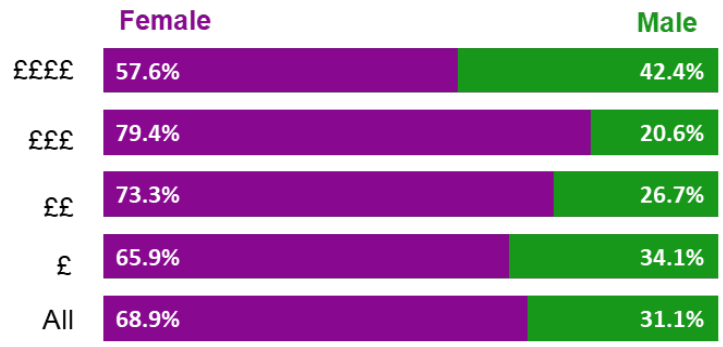


Fig.5

Highest Pay Quartile (££££): The proportion of women in the upper pay quartile has slightly reduced by 0.3 percentage points from 57.9% in March 2024 to 57.6% in March 2025. Also, an 11.3% gap exists between the trust gender profile (68.9% female) and the proportion of women in the highest pay quartile (57.6%). This gap has reduced by 0.1 percentage point since the previous year (11.4%). Whilst we are pleased that this representation gap is closing, men continue to be disproportionately represented in our workforce at the higher levels of pay. At the top pay decile 42.4% of the workforce is male, despite men only accounting for 31.1% of the total workforce.

Upper Middle (£££): 79.4% of upper middle quartile positions are filled by women. This represents an improvement of 0.9 percentage points from the previous year (78.5%). Compared to the overall Trust gender profile (68.9% female), women are overrepresented in the upper middle pay quartile, however representation significantly drops in the highest pay quartile where women are underrepresented. This suggests that there continues to be a 'glass ceiling' for women between the upper middle and highest pay quartile.

Lower Middle (££): Women are overrepresented in the lower pay quartile (73.7%) compared to the trust gender profile (68.9%).

Lowest Pay Quartile (£): In the lowest quartile, men and women are broadly distributed in an equitable way when compared with the overall trust gender profile. However, men are slightly overrepresented in this quartile (34.1%) relative to their overall presence in the workforce (31.1%).

9. Proportion of Males and Females in each Pay Quartile

The staff group and band charts at Figures 6 and 7 below, reflect the historical, and still prevalent, gender roles of the hospital workforce. Understanding where gaps exist can help identify what is working well, and where structures exist that reinforce inequality.

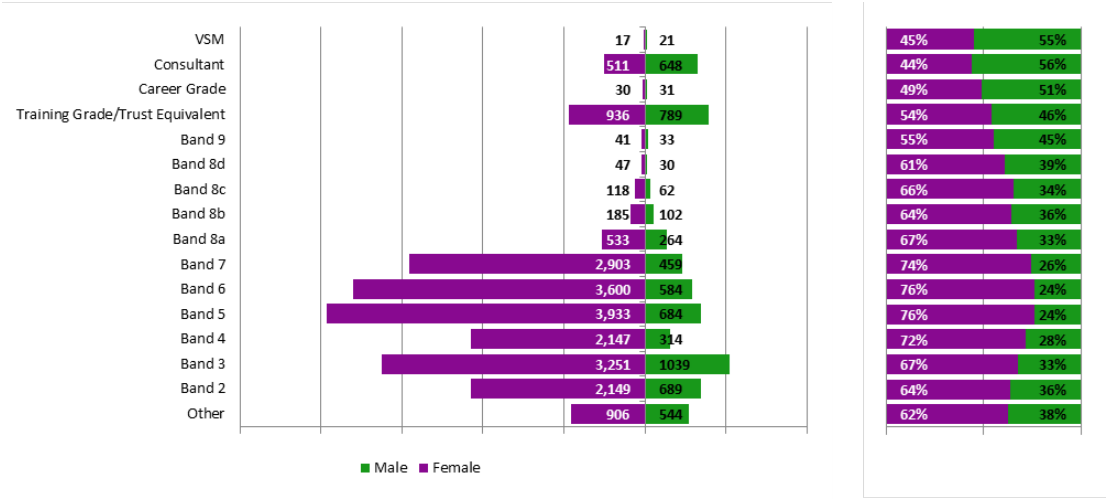


Fig.6

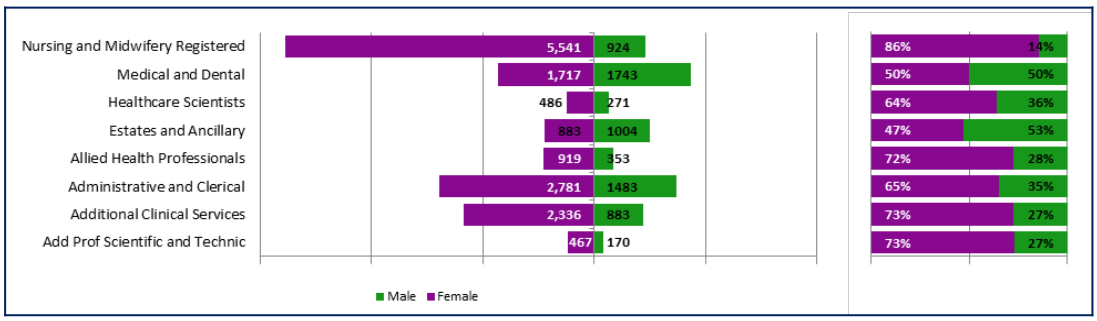


Fig.7

The level of female representation varies by band and staff group. It is important that the Trust understands the drivers of this variation, to ensure that our interventions can be targeted appropriately. Key insights within the March 2025 data include:

- Female staff account for 68.9% of our overall workforce. They are therefore underrepresented in all bands at 8a and above, and overrepresented in bands 4 to 7. The greatest disparities are within the Consultant and Very Senior Manager (VSM) workforce, where women make up only 44% and 45% of those groups, respectively. However, it is worth noting that despite these disparities, the proportion of women in Consultant and VSM roles has improved compared to the previous year, rising from 43% to 44% in Consultant roles and from 40% to 45% in VSM roles, between March 2024 to March 2025. This is a promising trend; we will therefore continue to embed career progression and inclusive recruitment interventions to help sustain and build on this progress.

- The highest proportion of women are in Nursing and Midwifery roles (86%), followed by Additional Clinical Services (73%), Additional Professional, Scientific & Technical (73%), and Allied Health Professional (72%) roles.

- The Nursing and Midwifery staff group remains predominately female (86%), consistent with previous years. This profession predominantly has a low-mid banding structure that

may provide structural barriers to progression and therefore remains a challenge for achieving gender pay equity within the Trust.

- The gender distribution among medical and dental staff is now balanced at 50% male and 50% female. While this parity within this professional staff group is promising, there is still more work to be done to ensure that the level of female representation within this workforce segment is proportionate to the overall trust gender profile (68.9% female).

10. Ethnicity Pay Gap Information (March 2025)

This is the sixth year that Barts Health are reporting their Ethnicity Pay Gap (EPG) data. As presenting ethnicity pay gap data is not currently a statutory requirement, we are not currently able to benchmark against other organisations. The ethnicity pay gap is an emerging focus of this report, and further data collection and analysis will be undertaken to investigate the underlying factors contributing to pay inequalities across different ethnic groups.

Our March 2025 snapshot shows a significant median EPG of 20.6%, which means that for every £1 that the median white colleague earned, the median BAME colleague earned £0.79. This is an increase of 1.9 percentage points since the previous year (18.7%). This disparity echoes findings in our annual Workforce Race Equality Standard (WRES) data, which consistently shows that there are disparities between White and BME colleagues in relation to career progression. The actions we are taking to reduce inequalities between ethnicities are further detailed in our 2025 WRES Report, which is available separately on our Trust website.

Fig.8

There is also a significant mean ethnicity pay gap of 19.5% between White and BME staff. This means that for every £1 that the average White person earned, the average BME person earned £0.80. There has been no change since the previous year.

Fig.9

To provide an overview of how employees from different ethnic backgrounds are distributed across different levels of seniority, the proportion of employees from different ethnic groups within each quartile is summarised in Figure 10 below. 42% of the highest earners in the Trust are White, while staff from Black, Asian, or Mixed heritage backgrounds account for 44% of the highest earners. Compared to the overall Trust gender profile (29% White), White colleagues are overrepresented in the highest pay quartile, while BME colleagues are unrepresented.

The proportion of Asian and Mixed colleagues in both the upper and upper middle pay quartiles has remained static compared to the previous year. However, we are pleased that the proportion of Black colleagues in the upper pay quartile has increased from 14% in March 2024 to 16% in March 2025. Whilst this progress is encouraging, it is recognised that Black colleagues remain the most underrepresented group in the highest pay quartile when compared to the overall Trust ethnicity profile, where 22% of staff are known to be Black. This highlights the need for more focused interventions to support Black colleagues to progress into senior roles.

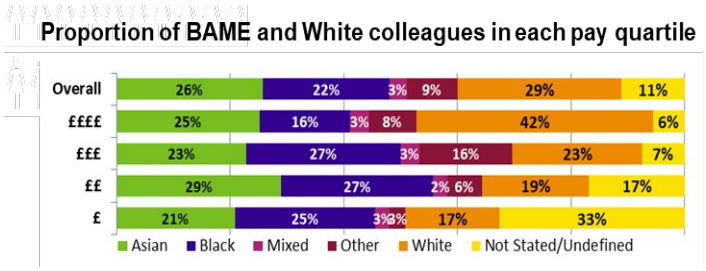


Fig.10

In March 2025, a continued variation in pay by ethnicity is evident across the top 20 most represented ethnic groups at Barts Health, as shown in Table 3 below. Bangladeshi colleagues remain the group with the lowest median pay (£17.96/hour), highlighting a persistent challenge that reflects broader socio-economic disparities and potentially occupational segregation. Chinese colleagues have the highest median pay, at £31.19/hour. White British colleagues also continue to be amongst the highest earners, consistent with previous years.

The overall disparity between the highest and lowest paid groups remains significant. This variation in median hourly pay underscores the importance of analysing ethnicity pay gap data in greater detail to identify and address specific inequalities.

Ethnicity	Mean pay by hour (£)	Median pay by hour (£)	Count
R Chinese	£ 36.36	£ 31.19	247
P Black or Black British - Any other Black background	£ 33.62	£ 29.91	307
A White - British	£ 32.45	£ 29.00	4091
C White - Any other White background	£ 31.70	£ 27.78	1271
PC Black Nigerian	£ 29.17	£ 27.00	451
H Asian or Asian British - Indian	£ 31.37	£ 26.68	1962
PA Black Somali	£ 29.51	£ 26.53	141
G Mixed - Any other mixed background	£ 28.91	£ 25.99	172
S Any Other Ethnic Group	£ 29.49	£ 25.93	524
SC Filipino	£ 24.01	£ 23.49	1321
M Black or Black British - Caribbean	£ 25.97	£ 22.63	929
N Black or Black British - African	£ 23.92	£ 22.52	2546
CY White Other European	£ 23.61	£ 21.83	209
D Mixed - White & Black Caribbean	£ 26.05	£ 21.16	203
B White - Irish	£ 23.81	£ 20.14	309
J Asian or Asian British - Pakistani	£ 22.52	£ 19.98	718
L Asian or Asian British - Any other Asian background	£ 21.36	£ 19.42	905
PD Black British	£ 24.03	£ 18.74	245
Z Not Stated	£ 22.83	£ 17.97	2429
K Asian or Asian British - Bangladeshi	£ 21.40	£ 17.96	1400

Table 3.

On 6 August 2025, the NHS Race and Health Observatory announced the commissioning of the first-ever independent, comprehensive review into ethnicity pay gaps across the NHS in England. Led by the University of Surrey, the 18-month study will examine differences in pay, career progression, pension contributions, and cumulative earnings between ethnic groups, explore the structural and systemic factors that drive racial pay inequalities, and issue evidence-based recommendations to reduce and ultimately eliminate them.

As part of our continued commitment to race equality, Barts Health will implement the recommendations from this national review to address the underlying causes of our own EPG, dismantle barriers to progression for underrepresented ethnic groups, and work towards achieving pay equity for colleagues from all ethnic backgrounds.

11. Disability Pay Gap Information (March 2025)

This is the first year that Barts is reporting Disability Pay Gap (DPG) data. As such, a snapshot is provided below, however no previous data is available for comparison. We are also not currently able to benchmark against other organisations, as reporting DPG is not currently a statutory requirement.

Initial findings show that there is a median disability pay gap of 5.5% between non-disabled and disabled staff (see Figure 11). This means that for every £1 the median non-disabled person earned, the median disabled person earned £0.95. There is also a mean DPG of

7.6% (see Figure 12), which means that for every £1 that the average non-disabled person earned, the average disabled person earned £0.92.

An important caveat is that Electronic Staff Record (ESR) disability declaration rates remain low, and we know from NHS Staff Survey data that these figures do not fully reflect the true number of staff with a disability or long-term health condition.

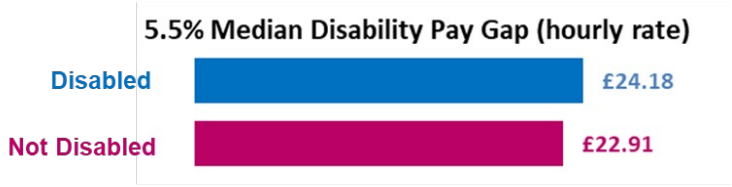


Fig.11

Fig.12

12. Closing the Gaps: Our Commitments to Pay Equity in 2025 and Beyond

We are proud that in the last 12 months both our median and mean GPGs have continued to reduce, building on the improvements that we made in the previous year. Despite this progress, we recognise that there is still significant work required, to reduce our gender, ethnicity and disability pay gaps, and ensure that we achieve pay equity for all people across our organisation. The key challenges that we need to address are:

- We have a significantly high median EPG, which has worsened over the last 12 months.
- We have a significantly high mean EPG, which has shown no improvement over the last 12 months.
- Despite continued improvements in our mean GPG position, benchmarking against similar NHS Trusts shows that Barts Health ranks among the bottom four trusts in the region in relation to the mean GPG.
- Women and Global Majority colleagues are underrepresented in the highest pay quartile, while men and White colleagues are overrepresented.
- There is a continued variation in pay by ethnicity, with Bangladeshi colleagues remaining the group with the lowest median pay.

We cannot underestimate the scale of the challenge ahead; however, we are confident that, through a strategic and delivery focused approach, we can make real progress in closing our pay gaps and creating a fairer, more inclusive workplace for all.

Some of the key strategic actions that we will take over the next five years to create a more inclusive and equitable organisational culture are set out in our WeBelong Inclusion Strategy and our recently refreshed Barts Health People Strategy, which has inclusion and equity embedded as a golden thread. A detailed breakdown of the actions that we will take over the next 12 months is provided in the table in section 13 below.

We remain firmly committed to taking an intersectional approach to addressing our pay gaps, recognising that individual experiences cannot be understood through single characteristics alone. Factors such as gender, ethnicity, disability, socio-economic background, caring responsibilities, and flexible working status etc. often intersect in ways that create compounding layers of disadvantage. We are therefore determined not to lose sight of the people behind the data, and we will continue to actively engage with our staff networks and local communities to better understand the lived experiences of our people and deliver interventions that truly achieve meaningful and sustainable change.

We also recognise that while this report provides valuable insight, it is only part of the picture. To truly understand and address the underlying structural and cultural drivers of our pay gaps, we need to dig deeper. We will therefore work in close partnership with our People Analytics team to ensure regular, detailed analysis of pay gap data, at a more granular level that will help us to better target our interventions. This will not be a one-off, annual exercise, but rather an ongoing process that continuously informs our decisions and actions. Our approach will be underpinned by strong governance, robust and measurable action plans, and clear senior leadership accountability.

We are proud of the progress we have made, but we know we cannot afford to stand still. As we look ahead, we remain steadfast in our commitment to fairness, inclusion, and equity, and to building a workplace where every colleague has equal opportunities to thrive and succeed

13. GPG and EPG Action Plan: 2025/26

Theme	What actions will we take over the next 12 months?
Governance	• We recently refreshed the chairing of our Pay Equity Task and Finish Group, appointing a Hospital People Director and a co-chair from the BME Network to lead its work. We will continue to review and expand the membership of the group to ensure a more intersectional, joined-up, and coordinated approach to addressing our Gender Pay Gap (GPG), Ethnicity Pay Gap (EPG), and Disability Pay Gap (DPG). • We will continue to review and refresh key policies to ensure that they do no create or compound structural inequalities.
Data & Insight	• We will continue to analyse data to understand pay gaps by protected characteristic, with a particular focus on gender, ethnicity and disability pay gaps over in the next 12 months. We will put in place an improvement plan in line with the recommendations in the NHS Equality, Diversity, and Inclusion Improvement Plan. • We will continue to analyse data by professional group to identify 'pinch points' where representation begins to drop off, to ensure that interventions can be targeted at the appropriate level across our different professional groups. • We will continue to conduct root cause analysis to better understand the drivers of the variation in pay by ethnicity to ensure that interventions can be designed and tailored appropriately. • We will explore and implement measures to track social mobility indicators within our recruitment processes, to help ensure we are attracting and appointing a diverse range of candidates from different socio-economic backgrounds. • Whilst exercising caution with data from Trusts that have undergone insourcing, we will continue to track our pay gap data against that of other Trusts and embed learning and best practice from those that have successfully reduced their pay gaps. • We will conduct more granular pay gap analysis, including intersectional data (e.g., gender, ethnicity, disability, socio-economic background, caring responsibilities, flexible working).
Recruitment	• We will transform our recruitment processes to remove bias from decision making, including ensuring that all interview panels for senior roles (8a+) include an objective inclusion ambassador, implementing a more values based inclusive recruitment approach and rolling out our refreshed inclusive recruitment training which is now live and available to all hiring managers. • Due to current productivity challenges, permanent opportunities may be limited. We will therefore take a more robust and inclusive approach to acting-up and secondment opportunities, using refreshed internal talent management processes to ensure fair and equitable access. This approach will accelerate internal development and build the readiness of our diverse talent pipeline for senior roles when they arise. • We will bolster our role as an anchor institution, through providing inclusive local employment opportunities such as Project SEARCH. • We will expand recruitment via non-traditional routes, e.g. apprenticeships, as part of our broader efforts to widen access and participation for underrepresented groups.

	• We will explore digital solutions, including Artificial Intelligence (AI), to improve and simplify the application process, with a particular focus on enhancing accessibility for neurodiverse candidates. • Where possible, we will advertise senior posts internally before external advertisement and strongly encourage staff from under-represented staff groups to apply.
Career Progression	• We will develop a robust talent management and succession planning framework, that is integrated into our annual appraisal cycle, ensuring that all colleagues have equal opportunities to be considered for senior roles. • We will refresh our Inclusive Career Development Offer, including delivery of bespoke leadership development programmes targeted specifically at underrepresented staff groups (e.g. Pave Your Path Programme for disabled colleagues). • By driving appraisal compliance, we will continue the roll out of scope for growth career conversations across the organisation, which have now been embedded into the appraisal framework. • We will conduct a detailed analysis of representation disparities at various levels and across different staff groups within the BAME categorisation. We will use this data to inform development of targeted interventions and monitor the impact of current initiatives on specific groups, especially focusing on the underrepresentation of Black and Bangladeshi colleagues in senior roles.
Culture Change	• We will continue to bolster our senior leadership development offering, for example through delivery of biannual senior leadership conferences, and build compassionate and inclusive leadership capability at every level of our organisation. • We will enhance the focus on respect and civility within teams to foster an inclusive culture where racism, sexism and discrimination of any kind is not tolerated. • We will continue to roll out our civility-focused training offer, including Cultural Intelligence (CQ) and Active Bystander training, targeting delivery in known hot-spot areas. • We will ensure fair and equitable access to flexible working opportunities, and actively challenge entrenched negative perceptions of flexible and part-time working, to prevent these from becoming barriers to career progression.
Communication & Engagement	• We will work in partnership with our Staff Networks, to continue to engage with our people through listening circles and focus groups to gather insights on barriers to progression and what more we can do to improve the impact of current initiatives. • We will increase the frequency of inclusive career development roadshows, to ensure that all colleagues are aware of the suite of career development opportunities that are available to them and to encourage colleagues from unrepresented staff groups to apply for senior roles when they become available.

Report to the Trust Board: 10 September 2025	TB 70-25

Title	Overseas Visitors Annual Report
Accountable Director	Group Executive Director for Inclusion and Equity
Author(s)	Deputy Chief Financial Officer, Operational Finance
Purpose	To provide an annual report on implementation of NHS (Charges to Overseas) Regulations 2015
Previously considered by	-

Executive summary

This paper provides an update on the Trust's implementation of the national guidance in relation to overseas visitors. Charging is a sensitive issue, and the Trust is committed to being transparent, fair, and equitable to patients and staff in fulfilling our statutory obligations. This report outlines activities in the last year to support this objective. It also signals a renewed drive to maximise the potential income opportunity from those overseas patients who should legitimately contribute to their treatment and can afford to pay.

Related Trust objectives
SO1 - Safe and Compassionate Care

Risk and Assurance	This report provides assurance in relation to the above objective.
Related Assurance Framework entries	**-**

Legal implications/ regulatory requirements	National Health Services (Charges to Overseas Visitors) Regulations 2015 and related DHSC guidance

Action required

The Trust Board is asked to approve the annual report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 10th September 2025

ANNUAL UPDATE ON OVERSEAS VISITORS

INTRODUCTION

1. This paper provides an update on the Trust's implementation of the national guidance and regulations in relation to overseas visitors.

2. Like all NHS trusts, Barts Health has a legal duty to recover costs from patients who are not entitled to NHS treatment.

3. The Trust uses the Department of Health and Social Care document "Guidance on Implementing the Overseas Visitor Charging Regulations" to support fulfilment of its legal obligations.

4. We take pride in providing quality care for all our patients, and do not want to deter anyone from seeking treatment.

5. Patients who need care that is deemed urgent or immediately necessary by our clinicians - including all maternity care - will always be provided with prompt treatment, even if a patient indicates that they cannot afford to pay. However, treatment is not necessarily free of charge simply by virtue of being provided on an immediately necessary or urgent basis.

6. National guidance also responds to national public health issues. Current charging exemptions include the diagnosis and treatment of Covid-19 and more recently Monkeypox to protect the wider public health.

7. We are committed to ensuring our hospitals are consistent, clear, and equitable in applying the national eligibility and charging rules around overseas visitors.

PROVIDING SAFE, EQUITABLE AND ACCOUNTABLE CARE TO PATIENTS

8. National guidance and regulations stipulate that patients must be "ordinarily resident" in the United Kingdom (UK) to qualify for free NHS-funded hospital care. This means living here lawfully, with a settled purpose, for the time being. British nationals who now live overseas may not be eligible for free NHS care.

9. Any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies. Where charges apply, the Trust cannot waive the fees in whole or part.

10. With effect from October 2017, the Trust has a legal duty to recover the costs of clinically non urgent treatment from patients before treatment is given.

Caring for people in their time of need

After an admission through A&E, the patient was referred to the Overseas Visitors Team by the Complex Discharge Team. Although the patient held a British passport, he had been living abroad and was visiting family in the UK. He was informed that NHS eligibility is based on ordinary residency rather than nationality, and therefore charges would apply.

With the patient's consent, his granddaughter managing his affairs became the main contact. She expressed concerns about the charging process. The team explained protocols and reassured her that all necessary treatment would continue without delay.

Owing to the patient's ongoing medical needs, the family revealed plans for him to settle permanently in the UK. The team advised that eligibility could begin from the date residency was established. Over several weeks, open communication facilitated submission of evidence demonstrating severance of ties with the former country and intent to reside in the UK.

A face-to-face meeting clarified next steps, and the team confirmed NHS entitlement from the date residency was verified. An invoice of £14,000 was issued for the interim period and subsequently settled by the family.

This case highlights the importance of compassionate, coordinated management in complex eligibility cases, balancing financial recovery with patient-centred care and clear communication.

WORKING WITH OUR COMMUNITIES

11. We work closely with patients and their advocates to understand their concerns and share information about how we apply the regulations. We continue to use their feedback to inform our approach which includes;

- Offering specialist advice and support to colleagues and their patients, including individual and team training.

- Working with NHS England, local trusts, and other partners to improve the support and services we offer in this area and agree best practice to develop a consistent approach.

PROVIDING A HIGH-QUALITY SERVICE TO THE TRUST AND OUR PATIENTS

12. We have a well-established and experienced Overseas Visitors Team. It provides advice and support to patients to help them understand their and our obligations around entitlement and payment.

13. Several of the team are multi-lingual. In addition, the team can draw on the language skills of our Advocacy Service to help communicate with patients whose first language is not English.

14. Patients can contact the Overseas Visitors Team directly or via the Patient Advice and Liaison Service (PALS). Further information, including how patients can access guidance and support, is available on the Trust website.

15. The Overseas Visitors Team attend national seminars to keep their knowledge up to date and share best practice. This enables us to ensure changes in national guidance and regulations are deployed on a timely basis and the team can provide clarity on eligibility to all our patients. The seminars also enable the Trust to provide feedback on our operational experience with national guidance to support its future development.

16. To deepen their understanding of our local communities the Overseas Visitors team have attended the Trust's Cultural Intelligence Programme. We continue to work with the London Borough of Tower Hamlets Violence Against Women and Girls (VAWG) and Hate Crime teams, giving our people a greater understanding of the issues faced within our communities. Several of our team have become VAWG champions through the programme. We are grateful for the support of the London Borough of Tower Hamlets for providing these valuable opportunities.

Patient Contact Regarding Fertility Appointment Charges

The Overseas Department initiated contact with a patient via phone, voicemail, and text regarding a doctor's referral for a fertility appointment. The patient returned the call, expressing confusion about charges, referencing NHS surcharge payment and valid immigration documents, believing the appointment should be free.

The department clarified that the NHS surcharge does not cover this secondary service, and upfront payment was required prior to treatment. Estimated costs were provided, enabling the patient to make an informed decision about care.

TREATING PATIENTS WITH CARE AND COMPASSION

17. We recognise that charging is a sensitive issue and are committed to being transparent, fair, and equitable to patients and staff in fulfilling our statutory obligations.

18. We listen to the views of our patients and engage with the community to address their concerns to provide the best possible care. Early engagement with our patients offers greater scope to give reassurance and support on eligibility for NHS treatment.

19. The overseas visitors team continue to proactively engage and support individuals to check their eligibility for NHS hospital treatment on site and by telephone. Experience has shown that reaching out proactively to patients and being able to answer their queries informally continues to improve relationships.

20. The team is innovative, compassionate, and diverse, and well-used to responding with cultural sensitivity to our visitors. It is seen as a national leader in approaching the challenge of charging those who are not eligible for free treatment.

21. We continue to identify effective and innovative ways of working, consolidating our administrative processes and adopting best practice as part of an ongoing programme aimed at improving our effectiveness.

22. Sending someone a bill for treatment remains an action of last resort, in those cases where we are either sure the individual is not eligible for free treatment or (despite our best efforts) have been unable to ascertain their status. Our Notice of Charge process has continued to have a positive impact on the timeliness of response from our patients which enables us to conclude our enquiries more quickly.

23. At the end of January 2024, we transferred the responsibility of overseas visitor debt collection from financial services to the overseas visitors team. This has given us the opportunity to use the extensive skills, knowledge, and experience of the team to better support and benefit our patients. This positive step has been welcomed by NHS England.

24. We are continuing to develop our processes to improve the way overseas debt is collected and to improve recovery rates while ensuring that vulnerable patients are appropriately protected. The Trust will consider what further steps it can take to improve its cash recovery rate while ensuring that vulnerable patients are appropriately safeguarded.

25. Our primary emphasis remains supporting the vulnerable and underserved. The team will maintain its commitment to addressing the needs of the most vulnerable - such as refugees, asylum seekers, and pregnant women – with insight and kindness, while complying with our legal and statutory obligations.

26. Nevertheless, in the straightened financial circumstances in which the NHS finds itself, there is clearly an opportunity to maximise income from those overseas visitors who should legitimately be contributing and can afford to pay.

27. The annual accounts for the trust show that over the last few years we have written off almost £25m of historic uncollected debt from overseas visitors. There is currently a further £26 million still outstanding from overseas patients.

28. The figures in this overseas visitor's report indicate a continuing net disparity between the value of invoices submitted and payments received, amounting to over £10m net of credit notes last year.

29. This is more than any other trust in the country and represents about 10% of the total invoiced to overseas visitors in England.

30. We could and should do more to collect contributions from overseas visitors who are not eligible for free treatment and can afford to pay. Any income will be reinvested in enhancing care for our NHS patients in these challenging times.

31. We increased our cash recovery rate to 17.5% in 2024/5 but for the first time NHS England has set a national target to achieve 40% across the country.

32. We will not change our patient-centred approach that ensures vulnerable patients are protected, but under new leadership – including dedicated credit controllers – the team will take steps to recover more funds.

33. We contact all patients who have been invoiced to offer support. Where patients have sufficient funds to make payment, we will liaise with them to ensure that payment can be expedited.

34. If they are unable to settle their whole invoice in one payment, they are offered the option of staged payment plans to spread out the cost of care. Following an assessment of their income and expenditure, payment plans are tailored to individuals to ensure affordability.

35. Where patients are destitute or financially vulnerable, we will only contact them where necessary and will not seek to make them pay inappropriately. We will not contact maternity patients in relation to invoices until after their delivery.

36. Where patients have insurance, we will actively assist them in making claims on their insurance and will follow up with insurance companies to ensure that payment is received.

Support for overseas patient and insurance claim

Following an A&E admission, a patient was referred to the Overseas Team. The patient was contacted by the team who asked them to speak with their daughter. The patient's daughter confirmed the patient was a UK visitor with insurance coverage. The team provided estimated costs and payment options; the daughter settled the invoice in three affordable payments.

The Overseas Team assisted with receipts, answered queries, helped complete insurance documents, obtained medical records, and liaised with the insurer. When the patient required emergency travel home, the team ensured all needs were met and offered ongoing support.

After the patient returned home, the team facilitated additional clinical documentation for the insurance claim and maintained follow-up to ensure completion. Final cost adjustments were communicated to both patient and insurer.

The patient's daughter expressed gratitude, reflecting positive engagement throughout. The Overseas Team's proactive support ensured smooth management of billing and insurance processes.

FINANCIAL INFORMATION ON OVERSEAS PATIENT CHARGES IN 2024/25 AND COMPARISO\N WITH 2023/24

37. The Trust charged 1,673 overseas patients in 24/25. This is less than 0.5% of all patients who attended outpatient clinics or were admitted. 57% of overseas patients charged in 24/25 were female compared to 56% of all patients.

38. About one in five overseas visitors were maternity patients, the majority of whom attended Newham hospital. Another one in five were on elective pathways. Where care is not urgent or immediately necessary, the trust is expected to ask for payment in advance. Treatment can be refused for such patients if they do not pay up front.

39. We seek to give our patients every opportunity to demonstrate their entitlement to treatment before any invoices are sent. We proactively seek supporting information from our information systems to assess their status as early as possible to reduce the need for follow up enquiries. In addition, the patient or their advocate will be given several opportunities to demonstrate their eligibility.

40. However, if such evidence is not received within a reasonable period, we are obliged to send an invoice. If subsequent evidence is then provided, that invoice will be cancelled.

41. Of the 1,673 patients charged in 2024/25, 48 patients had their charges cancelled (value £296k) when the patient subsequently produced documentation that proved their eligibility to free NHS treatment. The comparable 2023/24 numbers are 64 patients for a value of £486K.

Patients charged in 2024/25

Sites	Number of invoices	Number of patients invoiced	Value invoiced £000s	Payments received £000s
Newham	800	546	3,652	518
Royal London	724	538	5,862	736
St Bartholomew's	329	241	3,592	700
Whipps Cross	505	348	2,015	286
Total for overseas patients	**2,358**	**1,673**	**15,121**	**2,239**
Payments received under EU reciprocal schemes				**196**
Total				**2,434**

Notes
Value invoiced is gross of credits
Payments received may relate to invoices raised in previous years.

Numbers of maternity patients invoiced by site

Sites	Number of maternity patients invoiced in 24/25	Number of maternity patients invoiced in 23/24
Newham	193	177
Royal London	60	50
Whipps Cross	67	77
Grand Total	320	304

Patients charged in 2023/24

Sites	Number of invoices	Number of patients invoiced	Value invoiced £000s	Payments received £000s
Newham	626	503	3,289	410
Royal London	620	489	4,227	644
St Bartholomews	257	200	3,711	289
Whipps Cross	382	306	1,954	339
Total for overseas patients	**1,885**	**1,498**	**13,181**	**1,682**
Payments received under EU reciprocal schemes				**165**
Total				**1,848**

Notes
Value invoiced is gross of credits
Payments received may relate to invoices raised in previous years.

Ethnicity of overseas patients charged in 2024/25 and 2023/24

	2024/25 overseas patients	2023/24 overseas patients
Any other ethnic group	210	95
Asian	706	590
Black (African, Caribbean and any other Black)	259	220
Mixed background	28	18
Not known or not stated	100	194
White	370	381
Total	**1,673**	**1,498**

Comparison of ethnicity of overseas patients and all Trust patients

	Percentage of 2024/25 overseas visitor patients	Percentage of all 2024/25 Trust patients
Any other ethnic group	13%	5%
Asian	42%	29%
Black (African, Caribbean and any other Black)	15%	13%
Mixed background	2%	3%
Not known or not stated	6%	7%
White	22%	43%
Total	**100%**	**100%**

Ethnicity of overseas patients who after the invoice had been raised provided documentation that proved their eligibility.

	2024/25	2023/24
Any other ethnic group	8	4
Asian	16	25
Black (African, Caribbean and any other Black)	5	6
Mixed background	3	1
Not known or not stated	2	8
White	14	20
Total	**48**	**64**

Note: Ethnicity data has been taken from the Trust patient administration systems

Gender of overseas patients charged in 2024/25

Sites	Female	Male	Unspecified	Number of patients invoiced
NUH	375	166	5	546
RLH	272	263	3	538
SBH	89	150	2	241
WXH	215	129	4	348
Grand Total	**951**	**708**	**14**	**1673**

Gender of overseas patients charged in 2023/24

Sites	Female	Male	Unspecified	Number of patients invoiced
NUH	324	173	6	503
RLH	241	243	5	489
SBH	76	118	6	200
WXH	191	112	3	306
Grand Total	**832**	**646**	**20**	**1498**

Note: Gender data has been taken from the Trust patient administration system

Report to Trust Board: 10 September 2025	TB 71-25

Title	R&D Annual Report 2024/25
Accountable Director	Sanjiv Sharma, Group CMO
Author(s)	Jenny Rivers, Director of Research & Development
Purpose	Update on R&D activity 2024/25
Previously considered by	Quality Board 17 July 2025, GEB 12 August 2025

DRAFT

Executive Summary:

Research activity has grown considerably in 2024/25, with 8,500 more participants taking part than last year. This has been achieved through our strong partnerships, with our main academic partner, Queen Mary University of London, with whom we share substantial research infrastructure, as well as other academic and commercial partners who are vital to our current success and future strategy. We are establishing a shared approach to implementation of the Trust's clinical strategy across research and innovation, along with more robust governance and visibility across all of our hospitals, the group and our wider North East London partners and expect to see our capacity and capability continue to grow, with research increasingly embedded in both clinical activity and the culture across the health and care system.

Related Trust objectives	Driving innovation – grow clinical research at Barts Health

Risk and Assurance	This report provides assurance in relation to the Trust objective and BAF risk 15: Reductions to research funding and capital impacts on delivery of key elements of the research strategy, including progressing life sciences, clinical research facility and centre for healthy ageing initiatives
Assurance Framework entries	

Legal implications/ regulatory requirements	Clinical research is part of the obligations on the Trust part of the Health & Care Act 2022 and is reported under the 'well-led' domain of the Care Quality Commission (CQC). Research specific regulation is provided by the Health Research Authority (HRA), Medicines and Healthcare Products Regulatory Agency (MHRA) and the Human Tissue Authority (HTA) as appropriate, protecting the safety of our patients and staff and the integrity of our study data. Failure to comply with quality and safety regulation in research, or with funding contracts (with commercial and non-commercial funders) would also lead to a loss of income and significant reputational damage to the Trust.

For Action or For	The Board asked to note this report .

Information by the Quality Board?	

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BARTS HEALTH NHS TRUST

GROUP EXECUTIVE BOARD MEETING: 12 August 2025

RESEARCH AND DEVELOPMENT ANNUAL REPORT 2024/25

Contents

1. Introduction

Research is vital to the delivery of outstanding patient care within a 'well led' hospital. Clinical research has been part of the CQC 'well led framework' as a key component of best patient care since 2018. Patients benefit enormously from research and innovation, both directly through early access to new treatments and technologies, with improved standards of care, and indirectly through the translation of research findings within an innovative, evidence based, quality culture. Research active staff have increased job satisfaction, aiding recruitment and retention, and within the current climate it's important to recognise the significant impact of commercial clinical trials to trust finances.

The Trust's refreshed research strategy will focus on key drivers that enable us to continue maximising benefits for patients and staff, inclusively growing our commercial and non-commercial research portfolios, informed by the needs of our diverse patient population and the Trust clinical strategy. This is whilst maintaining research quality within a collaborative and innovative culture with translation of findings in partnership with our commercial and non-commercial partners, especially across North East London.

In recent years great progress has been made and in 24/25 we have again increased recruitment into trials, improved efficiency of study set up, developed our multidisciplinary workforce, patient engagement and commercial partnerships.

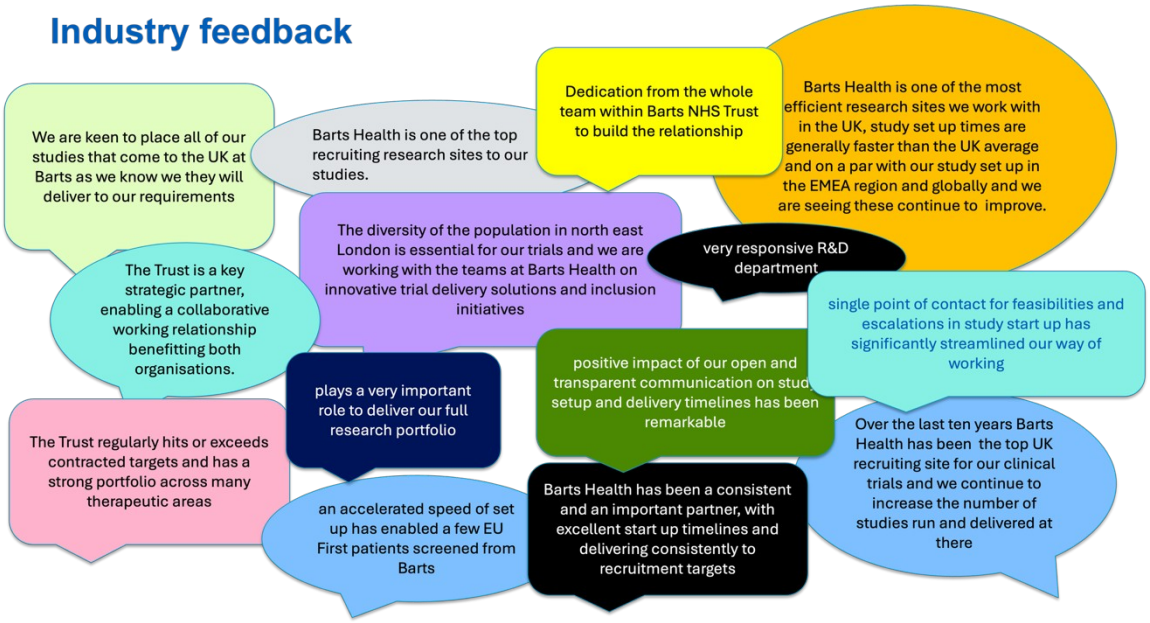


Figure 1. A snapshot of feedback from industry partners

These successes and the growing research culture provides a perfect foundation for us to build upon over the next 5 years.

The number of research publications is a good proxy measure for 'research impact' and Figure 2 highlights the growth in our research publications over the years. In the last two years, the number of publications has returned to just above pre-pandemic levels (having been inflated between 2020 and 2022).

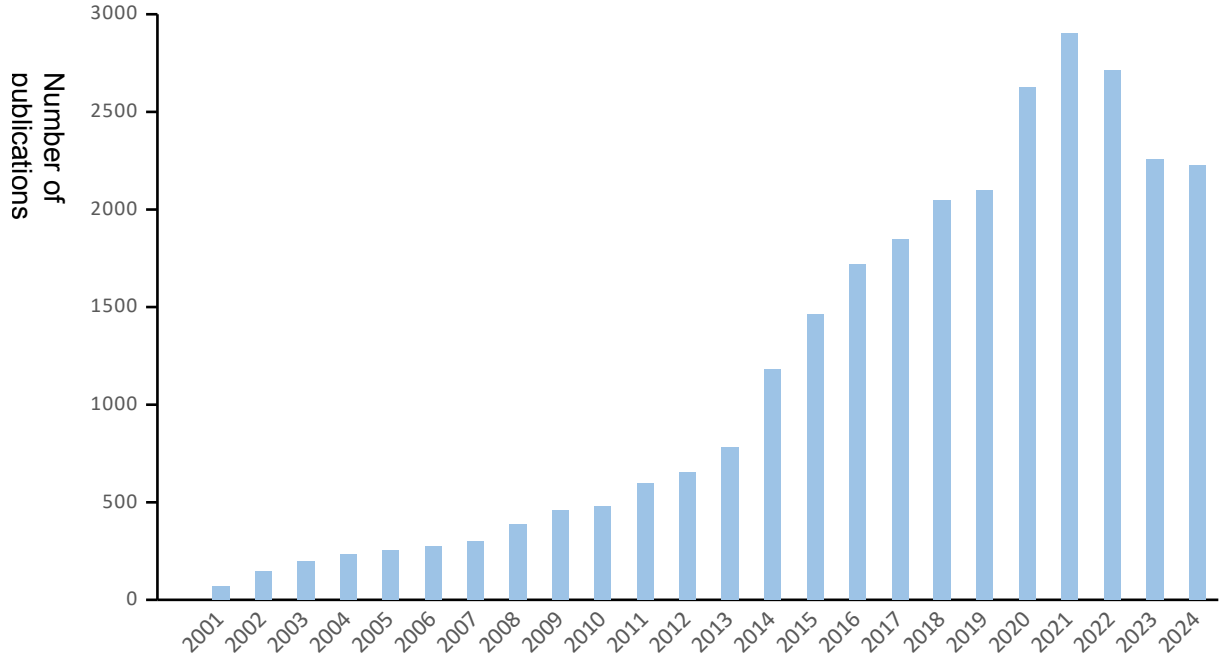


Figure 2. Number of publications reported from PubMed, by calendar year, for author affiliation 'Barts'

2. Progress updates – working towards our objectives

(i) Participant recruitment

In 2024/25, 31,718 people chose to take part in National Institute of Health Research (NIHR) portfolio studies, a significant increase from 23,208 in 2023-24 and 12,923 in 2022-23. This places us as the fourth highest recruiter nationally for portfolio studies, compared to seventh last year.

We are continuing to lead the way in commercial drug trials (Figure 3), recruiting 739 participants into 145 commercial drug trials. Our strong partnerships with commercial research organisations continue to grow, and our income from commercial contract research has risen to approximately £15.4 million, a significant increase from £10.6 million in 2023-24.

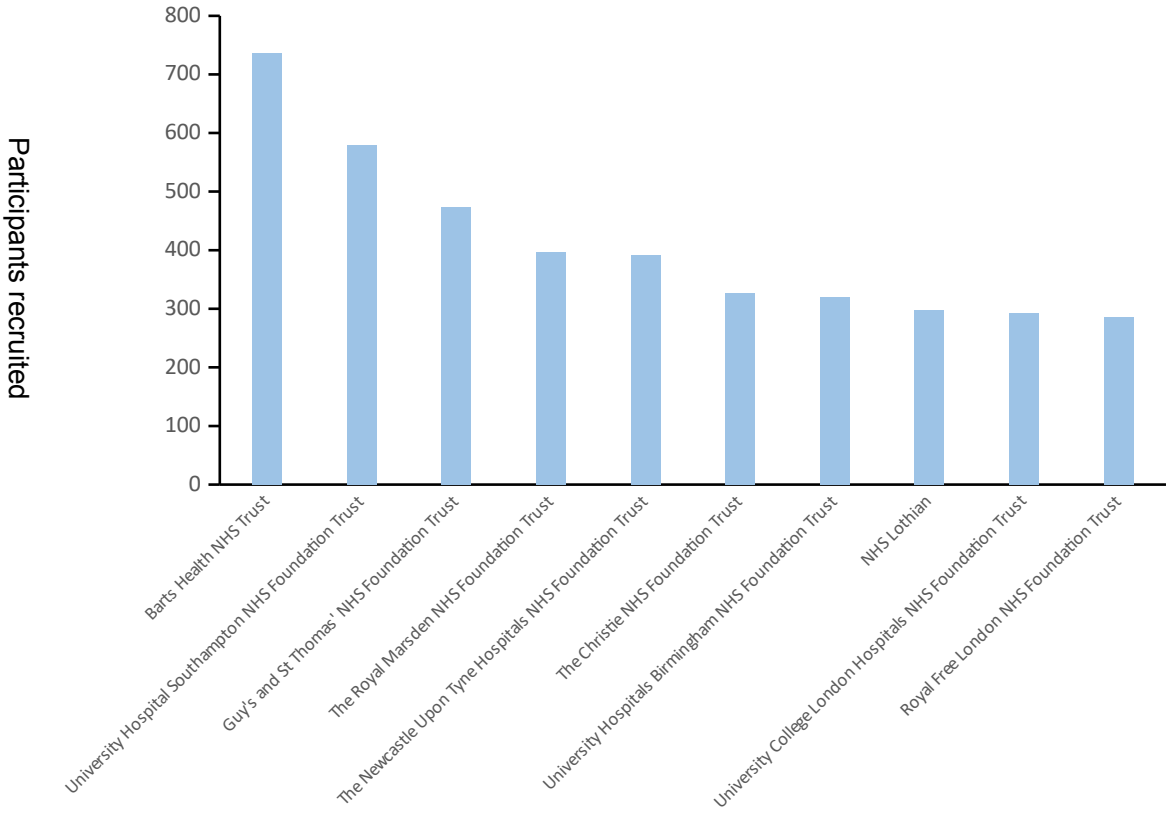


Figure 3. The highest recruiting trusts into commercial drug trials during 2024/25

Recruitment at Barts Health hospitals

At hospital level, the positive trend in recruitment to non-commercial studies has continued at the Royal London and Newham, with an increase at Whipps Cross over this last year too (Figure 4). Although there has been an increase in the overall number of recruiting studies, the growth in recruitment is significantly affected by participation in larger non-commercial studies (such as the 'Born and Bred in' study which recruits pregnant women who contribute routinely collected data on their health and that of their baby).

There has been a significant increase in recruitment to commercial clinical trials at St Bartholomew's, with the majority (103 more participants to 4 more studies) to studies led by Dr Manish Saxena at the William Harvey Research Institute. There has been a reduction in vaccine and infection studies recruiting at the Royal London, which has decreased recruitment to commercial studies at this site (Figure 5).

Where commercial recruitment has significantly increased, success has been attributed to:

- Experienced stable teams
- Improved efficiencies within local and national feasibility and set up of studies
- Well established relationships with pharma companies
- Databases and systems for pre-identification of eligible patients

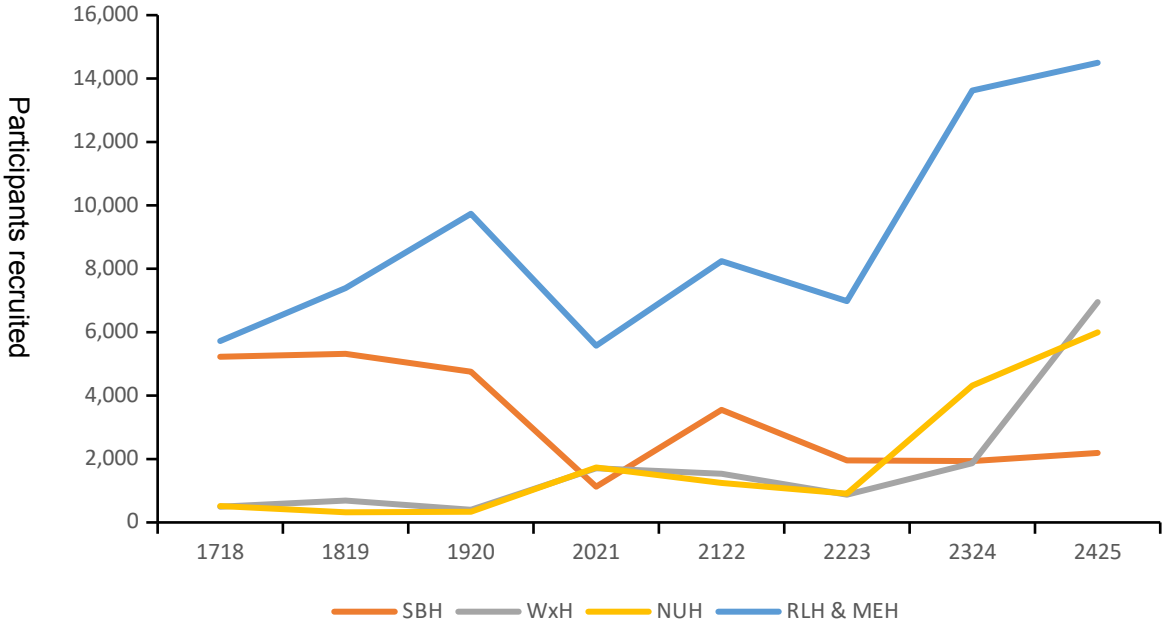


Figure 4. Non-commercial NIHR portfolio study recruitment in each financial year, by hospital

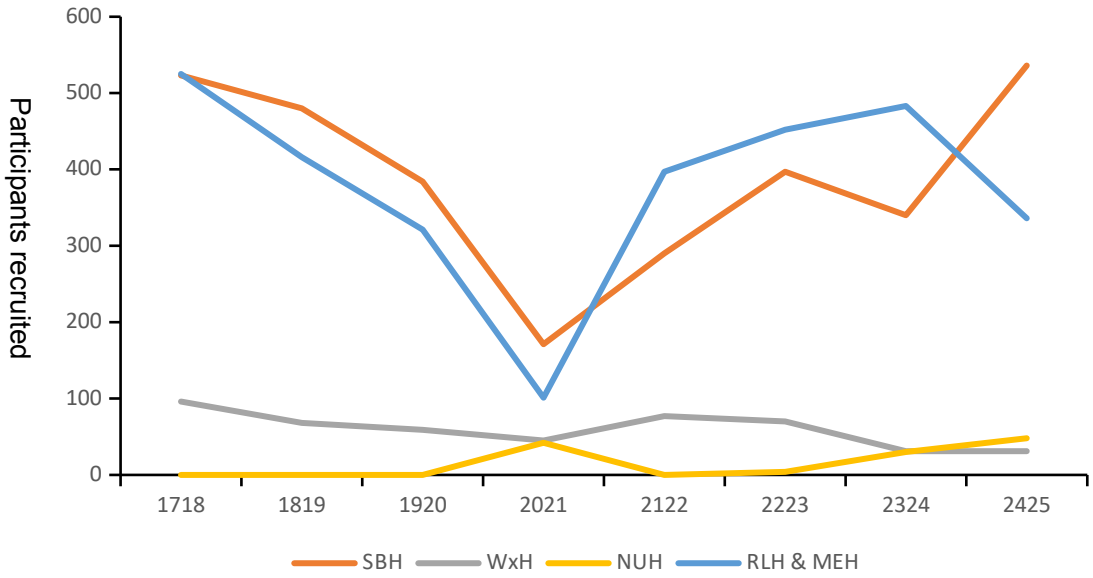


Figure 5. Commercial NIHR portfolio study recruitment by hospital

Diversity of recruited participants

Since April 2024, we have monitored the diversity of participants recruited to studies (approximately 20,000 to date), using their electronic patient record. Overall, our research participants are a good reflection of our wider hospital patients, with regards to broad ethnicity groups (Figure 6) and their IMD postcode rating. Our focus is now to understand variance across hospitals in comparison with our patient populations, specialties and even different types of research studies. We will use this valuable equity data to monitor the success of our inclusivity initiatives and to determine new initiatives and strategies for increasing equity across our research portfolio.

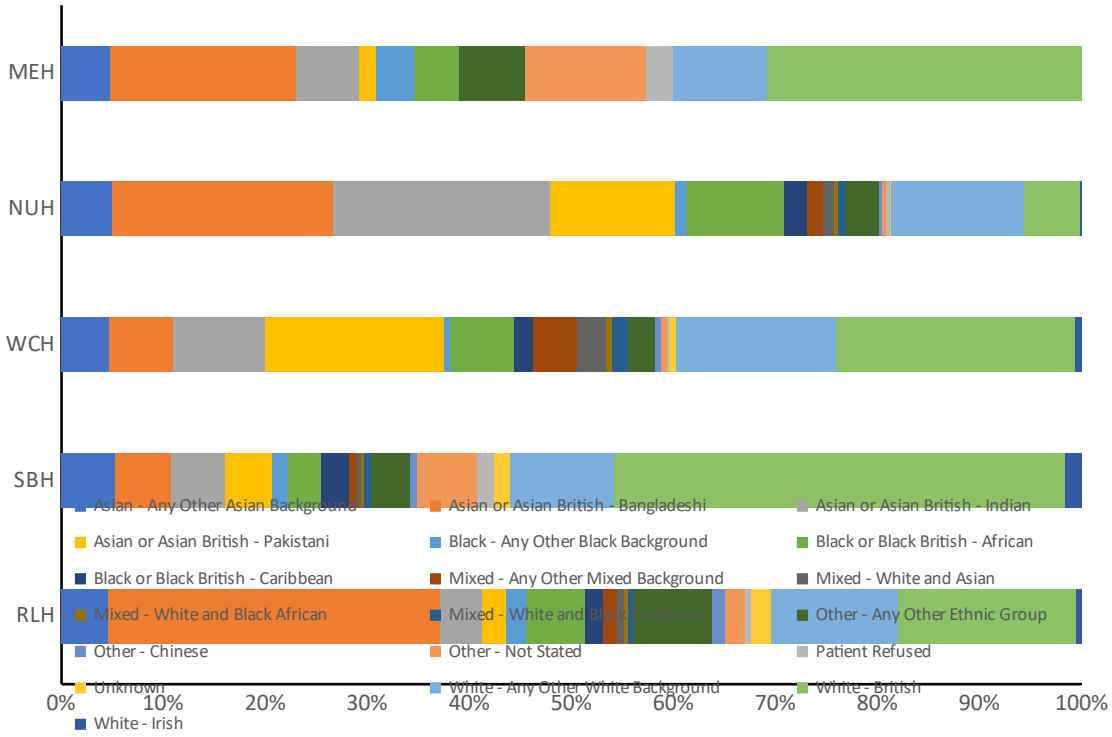


Figure 6. Ethnicity of research participants by hospital as a proportion of overall recruitment

(ii) Study Set-Up and Portfolio Review

The overall number of studies set up has been stable in recent years, however sponsorship applications for either QM or Barts Health sponsorship, have risen by 22%, from 77 in 2023/2024 to 97 in 2024/2025.

Despite this, we have achieved a significant decrease in the average number of days it takes to set up a study, from 59 in 2023/24 to 36 in 2024/25. Set up times continue to benefit from the simplification and efficiency of our processes, engagement with research teams and support departments, more robust data entry and staff training.

The performance team has improved the quality of data held on our local performance management system (EDGE), now hosting quarterly EDGE champions meetings and proactively engaging research teams. They have also developed a new real-time dashboard to monitor study performance and set up progress. We are soon to participate in a Health Research Authority Pharmacy Assurance pilot to streamline and

improve efficiency of technical reviews of research studies involving investigational medicinal products (IMPs).

We have launched new guidance for patient information sheets and informed consent forms and are currently consulting on updated protocol templates and new chief investigator awareness training. Over the past year, we updated many SOPs and implemented new processes in response to the 2023/24 MHRA inspection. We are also implementing updated UK clinical trials regulations, including the latest version of ICH GCP (E6), which includes provision for innovative trial designs, technological advancements, and a risk-based approach to clinical trials.

Trust Name	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
Guy's and St Thomas' NHS Foundation Trust	285	145	290	274	258	271
Barts Health NHS Trust	225	111	210	258	255	259
Cambridge University Hospitals NHS Foundation Trust	188	115	168	184	144	221
University Hospitals Birmingham NHS Foundation Trust	193	53	148	215	197	217
Leeds Teaching Hospitals NHS Trust	222	105	234	223	218	212
University College London Hospitals NHS Foundation Trust	180	191	219	231	218	211
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	213	170	235	217	217	204
Manchester University NHS Foundation Trust	214	108	184	209	178	181
King's College Hospital NHS Foundation Trust	182	163	223	179	158	181
University Hospital Southampton NHS Foundation Trust	186	94	188	205	156	179

Table 1: Top 10 NHS organisations with most studies opened over the last six financial years.

Trust Name	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	8	19	21	17	15	19
Manchester University NHS Foundation Trust	21.5	19	21	26	28	33
Barts Health NHS Trust	35	41	65.5	65	59	36
University Hospital Southampton NHS Foundation Trust	29	19.5	49	39	35	45
University College London Hospitals NHS Foundation Trust	56	54	126	139	93	75
University Hospitals Birmingham NHS Foundation Trust	4	47	151	83	76	76
King's College Hospital NHS Foundation Trust	21	32	25	48	135.5	115
Cambridge University Hospitals NHS Foundation Trust	71	94	93	137.5	131.5	126
Leeds Teaching Hospitals NHS Trust	22	33	132	153	147	136.5
Guy's and St Thomas' NHS Foundation Trust	23	20	32	31	147	144

Table 2: Top 10* NHS organisations with the average number of days for study set-up.
*Unable to compare with all sites, based on consistency of publicly available data.

(iii) Research income

Our income from commercial contract research has risen to £15.4 million, up from £10.6 million in 2023-24. This increase is partly (c. 50%) related to catching up with a back log

of invoicing, more timely processing of payments, including overdue payments from the previous year, but also new activity for complex studies which attract higher per patient fees, reflecting the amount of work involved from R&D, research delivery teams and support departments.

Forecasts 2023/24	**2024/25 Actual** £000	**2023/24 Baseline** £000	**Variance %**		**2022/23 Previous year** £000
Commercial Research Income	15,400	10,636	45%		11,094
NIHR Projects Income	24,894	22,504	11%		16,448
Charitable and Other Income	5,719	5,980	-4%		2,218
Total Income (NIHR, Commercial and Other)	**46,013**	**39,120**	**18%**		**29,760**

Table 3: Research income 2024/2025

(iv) Clinical research leadership

During 2024/25, several new clinical academic posts have been funded through a combination of Barts Health, QM and Barts Charity funding, including three professorial posts in the Academic Centre for Healthy Ageing.

Hospital Medical Directors are in the process of appointing hospital research leads who will convene a site-based Research & Innovation Board to report into the Trust Research & Innovation Board, as well as Hospital Executive Boards. Research will be discussed at hospital performance reviews on a quarterly basis from 25/26.

The Clinical Director of Research post will be advertised in 25/26, alongside recruitment for the next Director of the NIHR Barts Biomedical Research Centre and a Children's CRF Director.

(v) Widening our Partnerships through external infrastructure funding

Name	Award value	Current funding start date	Current funding end date	Funder
Barts Biomedical Research Centre	£22m	April 2022	March 2028	NIHR
Barts Clinical Research Facility	£1.3m	September 2022	March 2029	NIHR
	£14m	2025	2030	Barts Charity
Applied Research Collaboration North Thames	£13.4m	October 2019	March 2026	NIHR
Experimental Cancer Medicine Centre	£1.2m	April 2023	March 2028	NIHR/CRUK
NEL Commercial Research Delivery Centre	£4.75m	April 2025	March 2032	NIHR
North London Regional Research Delivery Network	£350m	October 2024	September 2031	NIHR
Academic Centre for Healthy Ageing	£6.6m	April 2023	March 2029	Barts Charity

Table 4. Significant externally funded research infrastructure awarded to Barts Health

These programmes provide essential infrastructure funding and serve as a platform for both regional and national research leadership.

NIHR Barts Biomedical Research Centre

In 25/26, we will begin preparations for the next Biomedical Research Centre (BRC) call, which we anticipate will be early 2026, subject to Treasury approval. This will include evaluation of current themes, proposals for new themes, in addition to our governance arrangements as we propose to grow the BRC. We will also be recruiting for a successor to our current BRC Director, Professor Sir Mark Caulfield, who will not be permitted by NIHR to bid again as Director.

NIHR Barts Clinical Research Facility

We continue to make meaningful progress towards establishing a state-of-the-art Clinical Research Facility (CRF) on the 15th floor of The Royal London Hospital**.** The CRF will serve as a dedicated space for the delivery of early-phase and complex clinical trials, representing a major strategic development for Barts Health NHS Trust**.**

The development of the CRF has encountered significant delays due to the introduction of new building safety regulatory requirements and updates to the project's design and implementation plan. As a result, the anticipated opening has been rescheduled to mid-2026**.**

While this delay was unexpected and is extremely frustrating for our teams and our partners, we have taken time to evaluate and refine research delivery processes across the Trust and have implemented more standardised, efficient, and scalable working practices, which will support long-term improvements across our existing research infrastructure. We have also made progress in implementing our research delivery workforce plans and focused on strengthening research activity in other areas of the Trust. We have supported teams at Newham to expand their local research portfolio, including through training and capability-building for the delivery of complex clinical trials**.** These efforts not only prepare our teams for the operational requirements of the new CRF but also ensure that patients across North East London begin to benefit from improved access to research opportunities ahead of the facility's formal opening.

NIHR North East London Commercial Research Delivery Centre

Our expertise in commercial research delivery has been recognised with a £4.75 million award to host the NIHR North East London Commercial Research Delivery Centre (CRDC), cementing our role as a leader in this field. We are one of 14 NHS hubs in England to host a CRDC, alongside two other sites in London. This new centre will bring together partners across North East London and the life sciences industry, expanding research opportunities for local patients. With increased capacity, speed, and efficiency, the CRDC will help underserved communities access cutting-edge research and treatments.

The NIHR NEL CRDC is the flagship research programme for the NEL Acute Provider Collaborative, in collaboration with Barking, Havering and Redbridge University Hospitals NHS Trust and Homerton NHS Foundation Trust to build upon infrastructure across all hospital sites and grow capacity for clinical trials for the benefit of the population in North East London.

NIHR North London Regional Research Delivery Network

From 1 October 2024, Barts Health NHS Trust hosts the new North London Regional Research Delivery Network (RRDN), one of 12 networks across England funded by the Department of Health and Social Care. The RRDN supports research delivery across hospital, primary care, community, and residential settings. It builds on the legacy of the former CRN North Thames and CRN North West London, which were successfully phased out in September 2024.

A highly experienced senior leadership team have been appointed, from April 2024:

- Director – *Dr Sharon Barrett*, former COO of CRN North Thames
- Strategic Development Director – *Reggie Pestininkas*, former COO of CRN North West London
- Operations Director – *Kylie Gyertson*, joining from UCLH's Cancer Clinical Trials Unit
- Health and Care Director (Medical) – *Dr Kieran McCafferty*, a nationally renowned kidney specialist at Barts Health and NIHR Barts CRF Director
- Health and Care Director (NMAHP) – *Christine Adamson*, Lead Research Nurse and NIHR Senior Research Leader, Chelsea and Westminster Hospital NHS Foundation Trust

In addition to the core team, the network has appointed to 33 clinical leadership roles spanning 29 specialties and 4 care settings, reinforcing its commitment to inclusive, cross-sector research leadership.

Academic Centre for Healthy Ageing

Following a successful bid to Barts Charity in 2023, Barts Health and Queen Mary have now formally launched the first Academic Centre for Healthy Ageing (ACHA) in the UK. Based at Whipps Cross Hospital, ACHA is uniquely positioned to carry out research in real-world, frontline care settings, ensuring that research is not only academically rigorous but also rooted in the realities of patients, carers, and communities.

In June 2024, 3 internationally renowned academics were appointed to professorial positions. Hosted by Queen Mary University of London, but based at Whipps Cross, they will play a critical role in leading the Centre and will focus ACHA's transformational approach to applied research via the following three main themes:

- addressing the challenges of multi-morbidity, long-term conditions and a focus on the prevention of frailty;
- rehabilitation and recovery for older people following life-changing trauma and illness; and
- cognition and older people's mental health.

In 2025/26, ACHA will be launched to the public, and will focus on delivering its Year One Strategic Plan, drafted by the ACHA Board and the newly in-post Senior Leadership Team, and developed in collaboration with the local workforce, academics, community and the VCSE sector across North East London. The plan includes a focus

on delivering research into care homes and developing a care home “living lab”; improved care for people living with dementia and delirium; and maintaining mobility as we age.

ACHA also aims, in its first year, to understand the learning needs of our local workforce to better support older people’s mental and physical health, and develop and demonstrate the effectiveness of world-leading training programmes. As well as, harnessing an international knowledge exchange and advancing international collaboration to deliver world-class research.

(vi) Nursing, Midwifery and Allied Health Professionals (NMAHP)

Our NMAHP team made further progress in developing its academic and clinical research profile and developing the future talent pipeline. Our BH NMAHP workforce have benefited from significant NIHR infrastructure awards:

- Barts Health, in partnership with QMUL & City St George’s (lead applicant) were awarded £3m to deliver the **NIHR INSIGHT programme** (2024-27) which provides opportunities for early careers across North London to develop research skills and clinical academic careers. 13 Barts Health staff were awarded funded studentships for research masters in 2024/25 across a range of NMAHP professions.

- Barts Health was awarded NIHR BRC 2024 NIHR Infrastructure/School Pre-Application Support Fund - £174k in October 2024. This has funded 5 BH NMHAP to undertake data science and population health fellowships (to start in 25/26).

- Barts Health was awarded the NIHR Health and care professionals internship programme as the lead for North London (2025-28). This will deliver further opportunities for professional development, education and training to incorporate research into their role and professional practice via research internships. Internships will commence in September 2025.

Barts Health Group Celebratory Event (May 2024) - Nurses and Midwives Day - two research achievement awards were presented to Dr Gillian Hood, Nurse and Senior Manager Diabetes & Metabolism Research Group and Nicolene Plaatjies, Children’s Lead Research Nurse.

Celebration of BH NMAHP clinical academics (September 2024), which provided an opportunity to hear about the research successes and future plans for the NMAHP clinical academics working across BH.

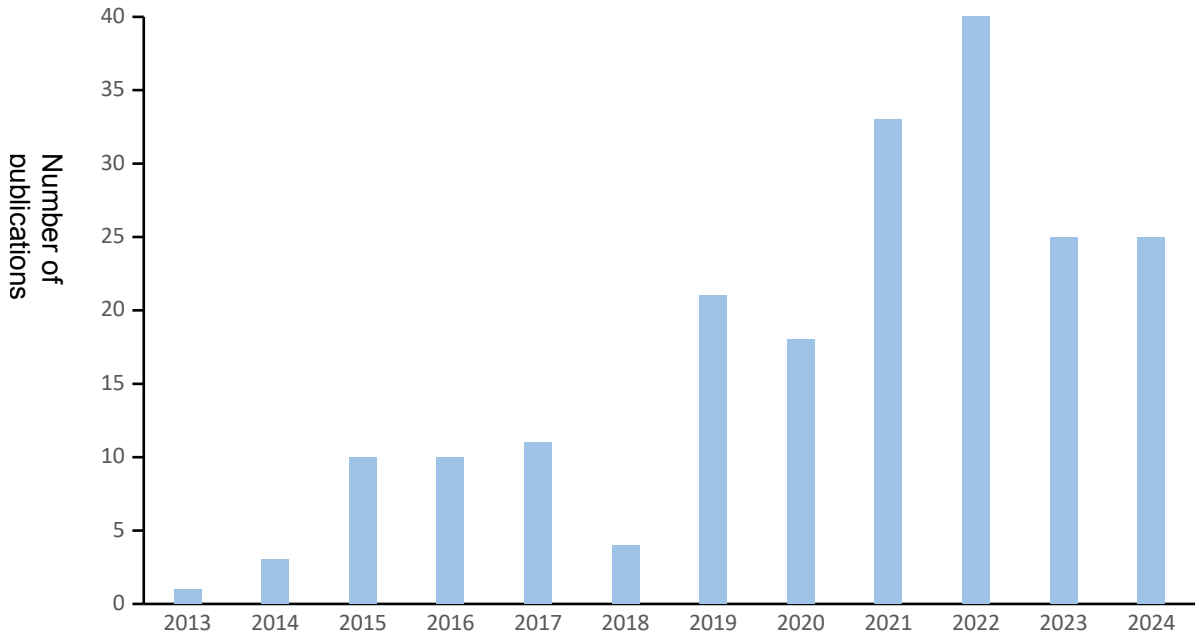


Figure 7. Number of NMAHP publications obtained via a search of publicly available data, for 50 research active NMAHPs at Barts Health, by calendar year

Research delivery workforce

We currently support around 200 clinical delivery staff in research roles across Barts Health sites, including around 130 clinical research nurses. We have one Senior Research Nurse as Deputy Clinical Director of Research (a PhD graduate), who supports the development of our research delivery workforce. Through her leadership, we have developed and sustained several workforce initiatives including:

- Research talks – have continued to foster and sustain Barts Health's clinical research environment. They are delivered by guest speakers or members of clinical research teams on a wide range of topics. They provide an open forum in an informal setting to share best practice and engage with topics relating to embedding research, clinical research delivery and workforce development.
- Barts NIHR Regional Research Delivery Network Funding Committee continued to support the alignment of research activity to NIHR RRDN high level objectives; developing a highly skilled, diverse research workforce; sustainability and growth; cross-site collaboration and recruitment.
- Growth in the recruitment of patients into NIHR portfolio trials with continued investment in the research delivery staff at Newham.
- Transition of the research workforce into the new NHS national uniform

(vii) Patient & Public Involvement and Engagement

Continuing our work to ensure our research is inclusive and accessible to all patients, our research engagement team has delivered further projects in partnership with the NEL ICS Research Engagement Network. Most notable, was the development and delivery of an introductory training module for members of the public who are new to public involvement. With funding from NHS England, the team designed a bespoke module introducing newcomers to both how research in the NHS is conducted and the different ways public involvement can influence the development, delivery and dissemination of health and care research. Over 50 new Research Champions attended

either one of two in-person workshops or an online version and now form a new cohort of trained individuals who are offered not only opportunities to directly work with researchers across the Trust and Medical School but additional training and developmental opportunities.

The team has also developed and piloted a project, designed to enable the co-creation of impactful research participants stories. Drawing on a model developed by CKD-SOLVE, a Canadian kidney research group, the project involved staff working alongside former clinical trial participants to develop impactful stories with clear calls to action to help drive improvements in research design and delivery. Three members of the first cohort of participants had an opportunity to deliver their completed stories in person during a recent visit by the global leadership team of Sanofi. The module will be adapted for delivery online, with a supporting training pack for PPIE leads/ researchers.

We continue to gather feedback from a wider range of research participants through the PRES survey (participant in research experience survey).

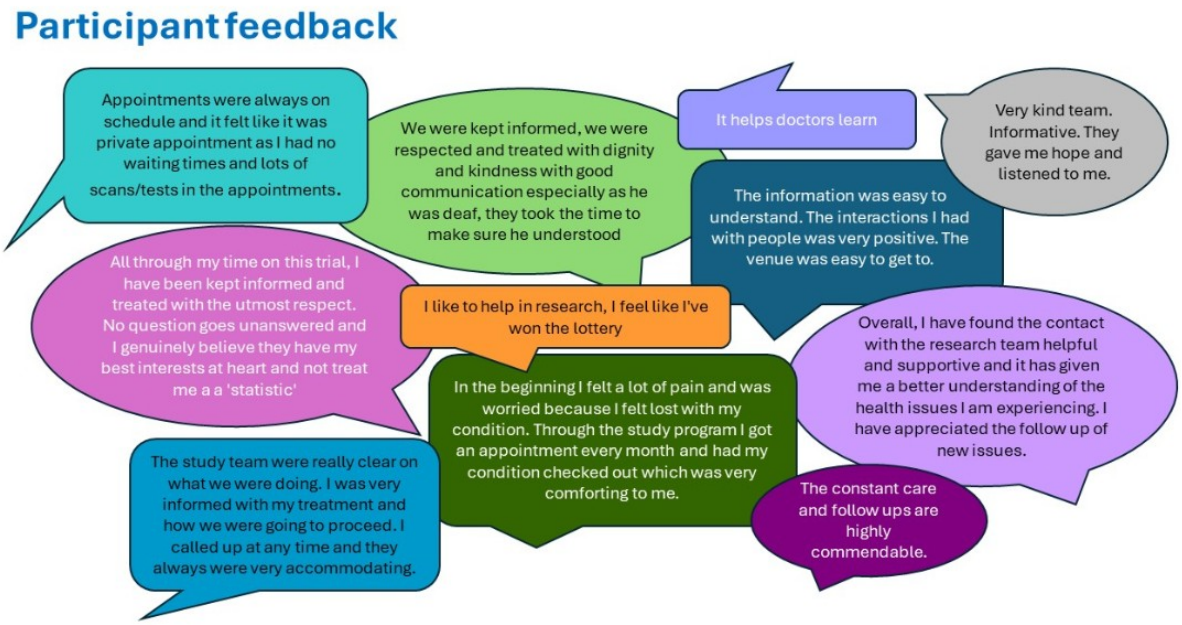


Figure 8. A snapshot of feedback from research participants

Over the past year, the team have also coordinated several focus groups to help inform the design of studies and provided researchers with PPIE guidance and advice for over 25 grant applications. A particular highlight was bringing patients and the public together with the Research Governance team to improve guidance for researchers on writing effective patient information documents, enhancing clarity, accessibility, and compliance. And we provided ongoing public involvement/community engagement support to several research centres and teams across the Trust, including Barts Life Sciences, ACHA, NIHR Barts Health Clinical Research Facility, NIHR Barts Biomedical Research Centre, Barts Heart Centre, Emergency Care, Cancer, Children's and Young People, Critical Care, and Imaging, to name but a few, in designing, delivering, and evaluating their PPIE activities.

Thanks to a £585,000 award from Barts Charity, we are expanding this team to include a dedicated inclusion manager, ensuring that our research reaches and benefits all sections of our community.

3. Research success and impact

We have had a number of successes in research this year, demonstrating patient impact and are planning to boost communications resource for research & innovation in 25/26, to be able to celebrate and share these examples, both internally and externally.

An example of impact in our world-leading cancer portfolio is included below:

Ground-breaking clinical trial results for hard-to-treat cancers

Researchers working across Barts Health NHS Trust and Queen Mary University of London revealed groundbreaking findings from their cancer trials this last year.

Professors Tom Powles and Peter Schmid presented at a prestigious symposium at the European Society for Medical Oncology (ESMO) Congress 2024, a global event showcasing cutting-edge cancer research to over 30,000 attendees.

The findings from trials, also published in the New England Journal of Medicine (NEJM), show that innovative chemotherapy-immunotherapy drug combinations improve survival in two aggressive, hard-to-treat cancers: triple-negative breast cancer (TNBC) and muscle-invasive bladder cancer.

Professor Peter Schmid shared results from the Phase III KEYNOTE-522 trial which involved 1,174 patients from 21 countries. He showed that giving patients with high-risk early-stage triple-negative breast cancer the immunotherapy drug pembrolizumab before and after surgery in combination with chemotherapy reduces the risk of their cancer coming back and improves overall survival. The results of this trial have therefore found a much-needed new way to treat this aggressive type of breast cancer, and the treatment regime has already become the new standard of care for these patients.

Professor Thomas Powles shared results from the phase three NIAGARA study. His trial, which spanned 22 countries and involved over 1,000 patients, showed that combining the immunotherapy drug durvalumab with chemotherapy improves survival in people with muscle-invasive bladder cancer. This is the first time the addition of immune therapy to chemotherapy has been shown to increase survival, which is a major step forward for these patients.

4. Barts Health Research Strategy and Forward Objectives

The Trust has been extremely successful in developing its research infrastructure and national profile in recent years and is in a good position to build on these successes and meet our aim of being one of the leading research trusts in the UK, providing our patients with unapparelled opportunities to benefit directly from the leading-edge research we conduct.

Our strategy is being refreshed as part of the development of the Trust Clinical Strategy (2025), and will focus on embedding inclusive research at all sites, to reach and engage with a more diverse patient population who will benefit the most, development of our research workforce and our capacity for staff to be involved in research across a wide range of professions and our facilities and partnerships, including local, regional, national and international.

Progress against our objectives will be reviewed by the Research & Innovation Board, which will be established in 2025/26, reporting to the Group Executive Board and to Trust Board on a regular basis.

Annual Goals Priorities for delivery	**Key Drivers Supporting delivery of annual goals**	**Strategic Initiatives** Key programmes of work
Develop an innovation strategy for the Group for Q3 that reflects an integrated set of long-term innovation proposals (covering clinical change, digital and AI, research, Life Sciences and commercial)	▪ Evolve the Trust Research & Innovation Board as the forum to develop the innovation strategy and to foster a supporting and integrated proposal pipeline. ▪ Develop a pipeline of x5~ priority innovation proposals in corporate and clinical services. ▪ Ringfence a hypothecated innovation and 'seed funding' budget in FY 2025/26 to be agreed in Q1.	▪ Programme of work to be scoped in Q1.
Identify and support clinical and corporate innovator talent through the Research & Innovation Board setting up affiliated hospital-level innovation forums (aligned to identified innovation proposals)	▪ Establish an innovation platform and community of clinical and corporate innovation talent across Barts Health and at each hospital. ▪ Initiate at least 5 Life Science projects with Trust clinician involvement, in addition to deployment of support tools. ▪ Launch a Nursing Leadership Institute to drive transformation, innovation and entrepreneurship in nursing leadership for healthcare improvement through Q2/Q3.	▪ Barts Life Sciences programme ▪ Barts Nursing Leadership Institute programme
Grow clinical research at Barts Health - Increase patient participation and involvement in trust-hosted trials	▪ Grow commercial clinical trials income. ▪ Full project approval for a new Clinical Research facility to open in FY26/27, enabling Phase 1 trials and an expanded number of research trials. ▪ Establish NEL Commercial research delivery centre to deliver commercial research studies across WXH, NUH and NEL in line with clinical research strategies.	▪ Clinical Research Facility Readiness Programme

Table 5. Barts Health Clinical Strategy 2025 – Research & Innovation

Barts Health NHS
NHS Trust

Report to the Trust Board 10th September 2025	TB 72-25

Title	Organ Donor Committee
Accountable Director	Sanjiv Sharma Group CMO
Author(s)	Raj Thuraisingham Divisional Director Specialist Medicine Chair of the Organ Donation Committee
Purpose	Summary of Organ donor activity and of the Organ Donor Committee.
Previously considered by	Quality Board and Group Executive Board

Executive Summary:

Remains a level 1 Trust for organ donation.

From 41 consented donors, Barts Health NHS Trust facilitated 32 actual solid organ donors resulting in 85 patients receiving a transplant during the time period. Additionally, 10 corneas were received by NHSBT Eye Banks from your Trust. 8 missed referrals

London as a whole - 32% of the population have registered an NHS Organ Donor Register (ODR) opt in decision. This compares to 42% of the population nationally.

Promotion activity
- ESOT legacy project – Be a LonDONOR - Legacy — ESOT Congress
- Student project – SSC – Approach by DoH as interested in outputs.

Related Trust objectives	• Provide excellent and equitable health and care, efficiently. • Work with local communities to promote health and wellbeing

Risk and Assurance	• NHSBT data • ODC committee
Assurance Framework entries	

Legal implications/ regulatory requirements	CQC Regulation Organ Donation (Deemed Consent) Act 2019

What is required from the Trust Board?	Trust Board is asked to note this report.

Barts Health NHS
NHS Trust

BARTS HEALTH NHS TRUST

Trust Board 10th September 2025
Organ Donation Committee Report
For 2024-2025

INTRODUCTION

Organ donation is a critical element of acute hospital services and a key contributor to saving and transforming lives across the UK. As a large multi-site acute trust, Barts Health plays a vital role in supporting the national organ donation and transplantation programme, working in partnership with NHS Blood and Transplant (NHSBT) to identify potential donors, support families through the consent process, and ensure that organs and tissues are retrieved and transplanted safely and ethically.

Acute providers are expected to have robust systems in place for the timely identification and referral of all potential donors, in line with the *Human Tissue Act 2004*, the *Organ Donation (Deemed Consent) Act 2019*, and associated NHSBT best practice guidance. This includes having trained clinical leads and specialist nurses in organ donation, effective governance processes, and active engagement in public awareness and promotion campaigns. Performance is monitored through NHSBT's Potential Donor Audit and by regular review at the Organ Donation Committee (ODC).

Barts Health's scale and specialist services – including major trauma, neurosciences, and critical care – mean the Trust has a significant opportunity and responsibility to contribute to national donation targets. The ODC, in partnership with hospital clinical teams, ensures that donation is embedded within end-of-life care pathways, that learning from missed opportunities is acted upon, and that donation conversations are handled sensitively and in accordance with legal, ethical, and cultural considerations.

Executive Summary:

Remains a level 1 Trust for organ donation. NHSBT Level meetings in Nov 2025 – predicted to remain the same given high activity.

From 41 consented donors, Barts Health NHS Trust facilitated 32 actual solid organ donors resulting in 85 patients receiving a transplant during the time period. Additionally, 10 corneas were received by NHSBT Eye Banks from your Trust.

Quality of care in organ donation - 2024/25
• Referred 228 patients to NHSBT's Organ Donation Services Team; 104 met the referral criteria and were included in the UK Potential Donor Audit. There were a further 9 audited patients that were not referred.
• A Specialist Nurse was present for 65 organ donation discussions with families of eligible donors. There were 4 occasions when a Specialist Nurse was absent for the donation discussion.

Performance Data

Barts Health sites are major contributors to deceased donors numbers in London. Donors can be grouped into donation after brain death (DBD) or donation after cardiac death (DCD). Below are

site based performance data. Sites have been highlighted individually for acitivty data but for quality data only the RLH has been highlighted as numbers from the other sites are small making quality data difficult to interpret. Numbers are much higher at RLH as it is a major trauma centre and also given the number of ACCU beds.

The data below shows referral rates, family approach rates and SNOD presence at the time along with consent rates for potential DBD and DCDs.

Figure 1: Potential DBD referred vs non referred 1st April 2024-31st March 2025

This shows very few non referrals and also indicates number with Barts Health sites together contributing very significantly to the London numbers

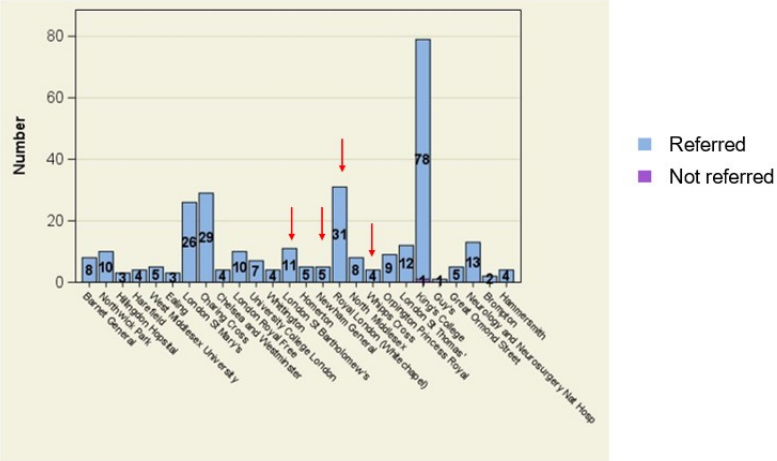


Figure 2: Family approach rates for potential DBD 1st April 2024-31st March 2025

This shows high family approach rates which is a good quality indicator.

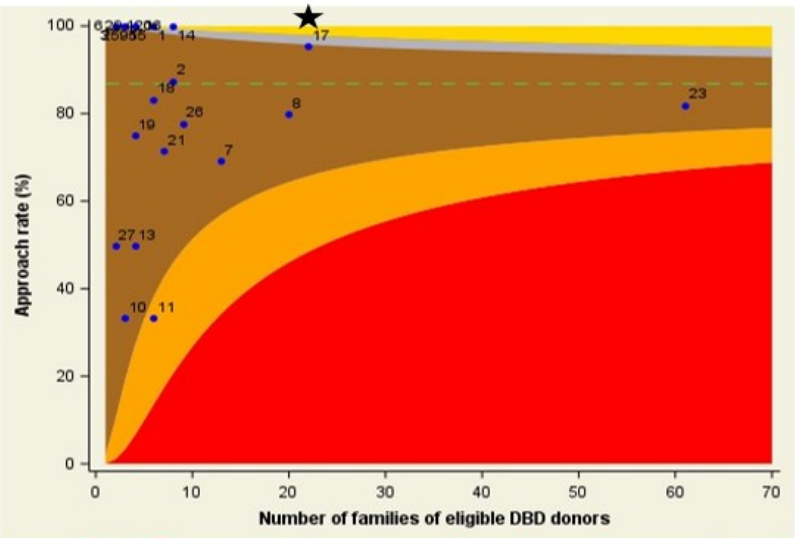


Figure 3: SNOD presence rates for potential DBD 1st April 2024-31st March 2025

SNODs were present for almost all potential DBD approached. This is best practice and the BH is achieving this

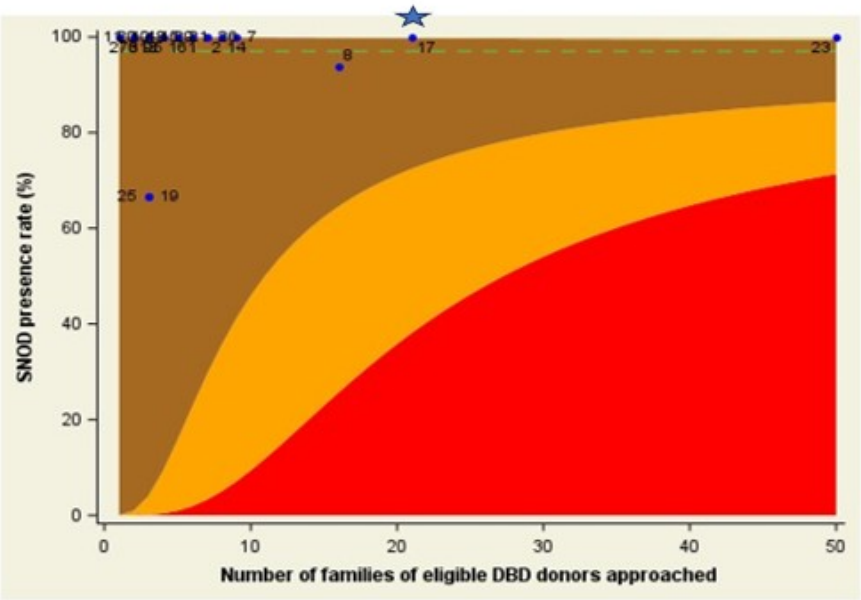


Figure 4: comparison of consent rates, DBD 1st April 2024-31st March 2025

This shows RLH consent rates around the mean with some centres performing better. It is interesting to note that Kings College with the largest numbers and potentially similarly diverse population performing similarly

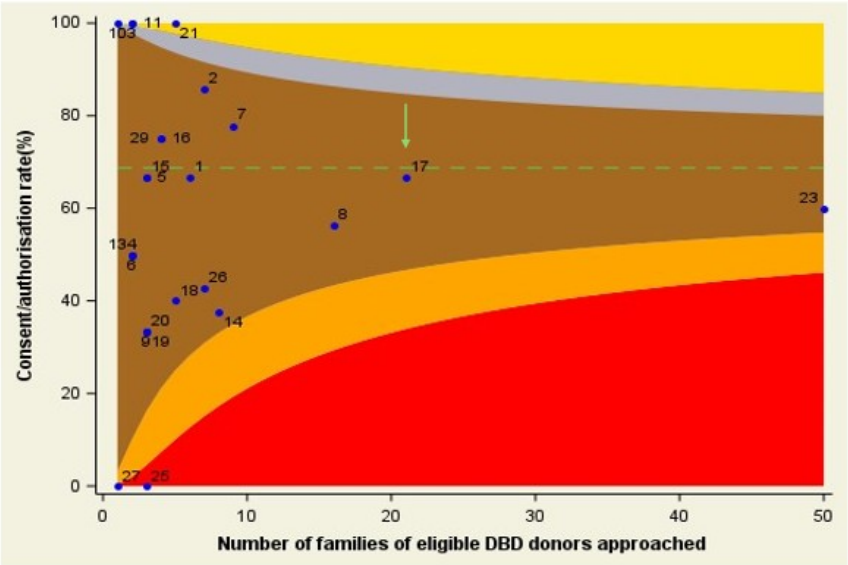


Figure 5: Potential DCD referred vs non referred 1st April 2024-31st March 2025

Unlike the DBD performance, here there as some potential donors that have not been referred. This is true of other centres and not just the Barts Health ones. This is a national issue. DCD referrals tend to be less because recognising when someone is for withdrawal of life sustaining treatment is not as clear cut as someone that has a devastating brain injury and likely for brain stem testing.

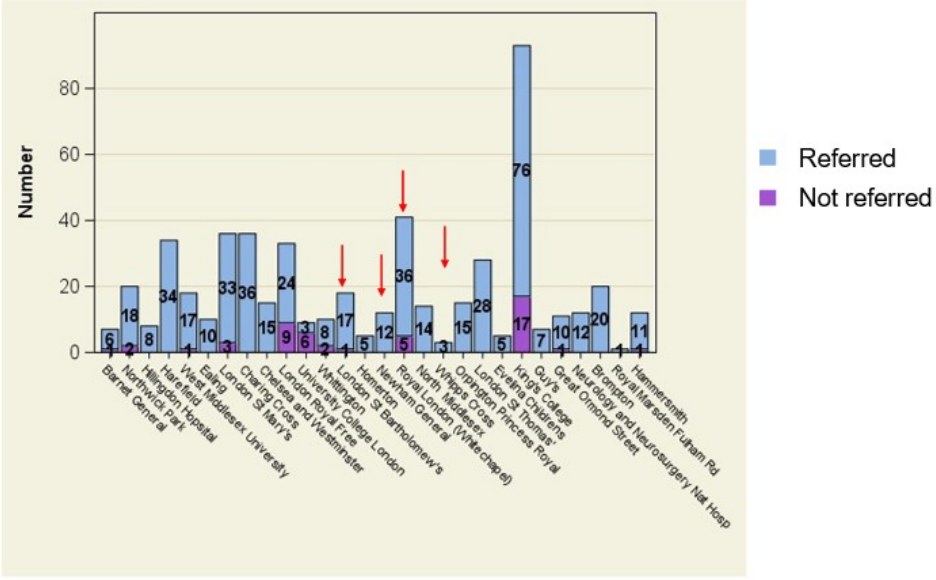


Figure 6: Family approach rates for DCD referred vs non referred 1st April 2024-31st March 2025

RLH performance within funnel plot (bronze)

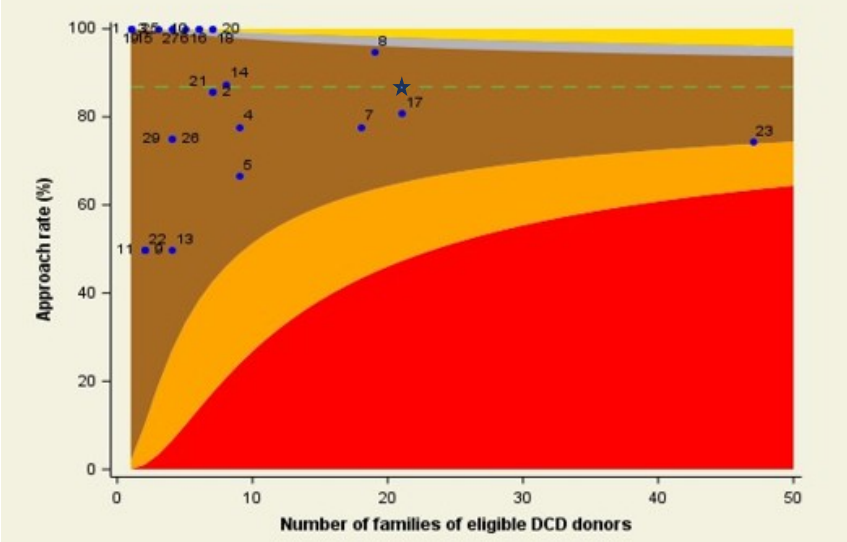


Figure 7: SNOD presence rates for Potential DCD 1st April 2024-31st March 2025

Very good performance at RLH with high SNOD presence which is best practice.

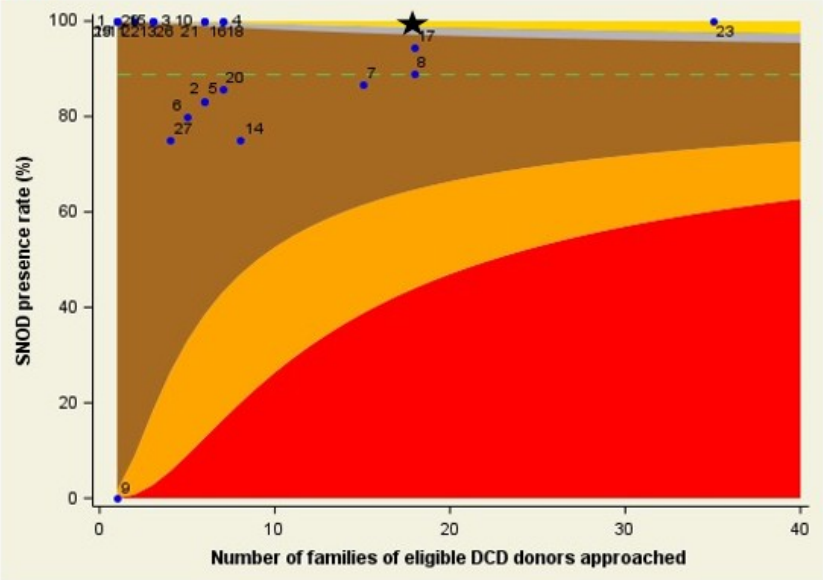
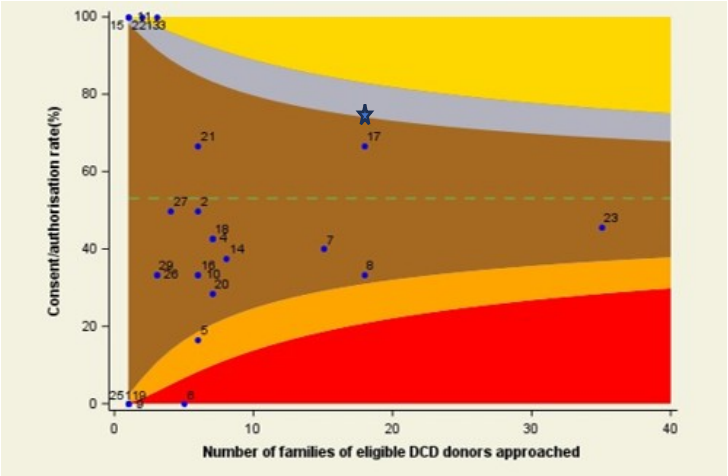


Figure 8: Consent rates for Potential DCD 1st April 2024-31st March 2025

Consent rates for RLH reasonable but some smaller centres are performing better.



Summary of Data

Overall 32 deceased solid organ donors, resulting in 85 transplants from Barts Health
92% referral rate (bronze) vs UK rate 94%
94% SNOD presence (bronze) vs UK rate 92%
55% consent rate (bronze) vs UK rate 59%
8 missed referrals

The lower consent rates are mainly in potential donors from ethnic minorities. This is a long standing issues and the constant focus for NHSBT and the BH ODC. Members of the ODC include the individuals for the Chaplaincy. Also the focus of the promotion work this year has been around this question with the ESOT Legacy program / Be a LonDONOR campaign and also the work with the medical students. There is also a worrying national trend for family of those registered on the Organ Donor Register to refuse the donation.

All missed referral are followed up by local CLODS with the relevant clinical teams and themes brought to the ODC.

ODC

- Regular quarterly ODC meetings – fixed agenda looking at performance, education, policy and promotion.
- Donor recognition fund for 24/25 will be sent through to Trusts in Sept/ Oct. Agreed by ODC that the majority of funds will be held by NHSBT London Organ Donation team budget for ease of access to committee. Terms of reference will remain the same in how this is spent. Government level policy has been sent from NHSBT to ODC about how monies can be used. This should be in alignment with Barts Health policy.

Promotion of Organ Donation

In London, 32% of the population have registered an NHS Organ Donor Register (ODR) opt in decision. This compares to 42% of the population nationally.

Promotion activity

- ESOT legacy project – Be a LonDONOR - Legacy — ESOT Congress
- Student project – SSC – Approach by DoH as interested in outputs.
- Organ Donor week -end of September – help from Comms

AREAS OF CONCERN

- CLOD stepped down at Whipps Cross, currently in recruitment process.
- National challenges regarding consenting rate and registration override
- Community engagement activity – more difficult for SNODs with regard to getting TOIL and finances

FORMAL / INFORMAL REVIEWS

The service is not currently subject to any external regulatory inspections, and no such formal review has taken place in the recent period.

However, organ donor activity is subject to ongoing monitoring and oversight by **NHS Blood and Transplant (NHSBT)**. This peer review process provides continuous benchmarking and feedback, enabling the service to track performance, identify areas for improvement, and maintain alignment with national standards and best practice in organ and tissue donation.

Trust Board is asked to:

- **Note** the contents of this report.

Report to the Trust Board: 10 September 2025	TB 73-25

Title	Responding to Deaths
Accountable Director	Chief Medical Officer
Author(s)	Deputy Chief Medical Officer
Purpose	To ensure Trust Board is informed of Trust process for review and learning from deaths
Previously considered by	Mortality Review Group Quality Board Group Executive Board

Executive summary

In 2017 the National Quality Board Framework for Learning from Deaths (2017) was published. Since then two significant changes have occurred in the domains of patient safety and review of deaths. In November 2023 Barts Health adopted the new Patient Safety Incident Response Framework which has changed the way incidents, including deaths, are reviewed and investigated with a focus on compassionate engagement and system learning, In September 2024 the national Medical Examiner service became statutory, with a requirement for all deaths not referred to a Coroner to undergo proportionate scrutiny prior to the issue of a death certificate.

This report outlines the activity of responding to deaths at Barts Health for the fiscal year 2024/5. The report includes a review of the organisational process and details reporting, both in terms of data, as well as team and organisational learning. There are links to key improvement activities, which are informed in part by learning from deaths and incidents. The work of the mortality review group is undertaken in collaboration with the End of Life Care Group, Learning Disability Teams and Women and Child Health, as well as palliative care and bereavement services. Information is also received from the Medical Examiner Office and learning from Coronial reports, specifically Prevention of Future Deaths Notices, is included.

Related Trust objectives	
Quality Objective: A provider of excellent patient safety	

Risk and Assurance	
Related Assurance Framework entries	None

Legal implications/ regulatory requirements	NHSE Learning from Deaths Framework 2017 Health and Social Care Act 2008 (Regulation 2014) - CQC Regulation 12: Safe Care and Treatment Regulation 17: Good Governance Regulation 20: Duty of Candour National Medical Examiner Service

Action required:
Trust Board is asked to note the report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD 10TH SEPTEMBER 2025

RESPONDING TO DEATHS

Executive summary

In 2017 the National Quality Board Framework for Learning from Deaths (2017) was published. Since then two significant changes have occurred in the domains of patient safety and review of deaths. In November 2023 Barts Health adopted the new Patient Safety Incident Response Framework which has changed the way incidents, including deaths, are reviewed and investigated with a focus on compassionate engagement and system learning, In September 2024 the national Medical Examiner service became statutory, with a requirement for all deaths not referred to a Coroner to undergo proportionate scrutiny prior to the issue of a death certificate.

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It should be read in conjunction with other reports on care at the end of life including the Bereavement report and the End of Life report which capture patient and family experience. In addition there are Child Death Overview reports made to Safeguarding Committee and Maternity and Perinatal death reports.

This report encompasses the following:

- The Mortality Review Process
- Review of comparative data – SHMI, RAMI and Crude mortality*
- Response to mortality alerts
- Learning from Serious Incidents
- The Medical Examiner Service
- Summary review of HM Coroner prevention of future death notices
- Specific Groups including deaths of patients with a Learning Disability, child deaths and neonatal deaths and stillbirths. Learning from Maternal Deaths is reported to the Board separately
- Key objectives 2025-6

*Appendix 1 contains the definitions used in this report
*Appendices 2 and 3 contains information on linked reports within Barts Health and a Bibliography respectively

Mortality Review Process

Barts Health has a Mortality Review Group (MRG) which is led by the Group Deputy Chief Medical Officer. Membership is formed from the Clinical Effectiveness Unit and Hospital Learning from Deaths Clinical Leads, Lead Medical Examiner and Lead Medical Examiner Officer, Lead Learning Disability Nurse, Named Nurse for

Child Deaths, and Director of Midwifery. The MRG reports to Patient Safety Committee and provides quarterly exception reports to the Quality Board and Quality Assurance Committee of the Board.

Hospital Learning from Deaths leads conduct their own reviews and investigations of deaths as prompted by mortality outlier alerts and local mortality and morbidity meetings. These can be used to inform quality improvement initiatives in hospitals.

Reports reviewed included:

- Monthly indicator review (SHMI, RAMI, Crude Mortality)
- Clinical Coding Updates
- Hospital reports
- LEDER update
- Medical Examiner Office report
- Learning from patient safety investigations
- Learning from Coronial reports specifically Prevention of Future Deaths reports
- Perinatal mortality
- Child Death reports
- Maternity reports

Key Activities in 2024-5 included:

- Review of comparative data (SHMI, RAMI)
- Deep dive into data outlier alerts
- Outcome of patient safety investigations
- Development of a structured review of deaths in patients with Learning Disability or Autism
- Full establishment of the Medical Examiner office and review of all non-coronial deaths in hospital and in the community on September 8th 2024 to meet statutory requirements
- Summary review of Prevention of Future Death notices to inform improvement activities.
- Strengthening Hospital Mortality review process and reporting
- Link between learning from death and quality improvement activities

Data:

Mortality Indicators

Mortality indicators are reviewed in retrospect with a time lag between month of death and publication of indicator data. This is at least 6 months in retrospect. This allows completion of uploading of coded data and comparative data to be compiled. Indicator data includes potential alerts in specific clinical groups which required further detailed review to understand the drivers and potential actions that are required.

Crude mortality

The crude mortality is the absolute number of deaths across all hospitals. It is not corrected for any factors. This is reviewed for all patients and separately for emergency admissions 70 years and over. There is variation across the years with some evidence of increased mortality in winter months but this is not sustained. It does not appear to be driven by older ages with emergency admissions as would be expected. The MRG continues to monitor this data and will review if sustained change occurs.

Table 1: crude mortality from May 2023-April 2025. All ages

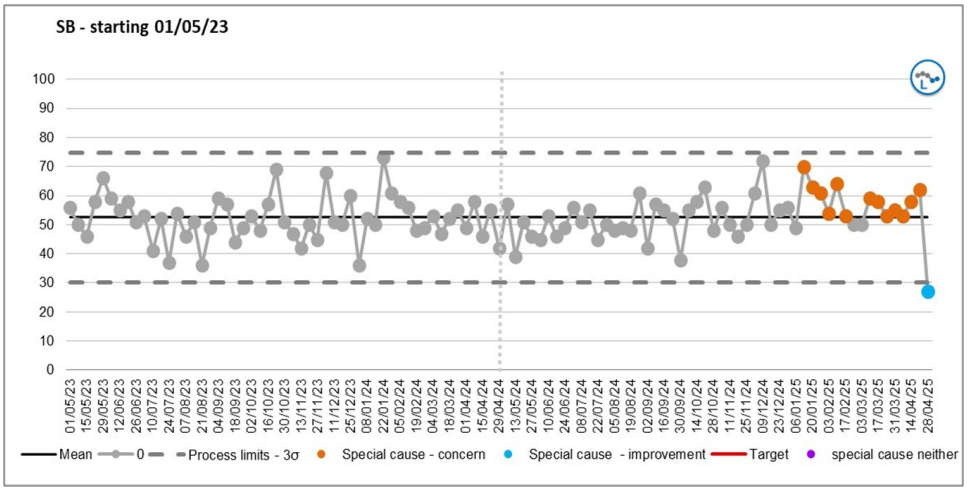
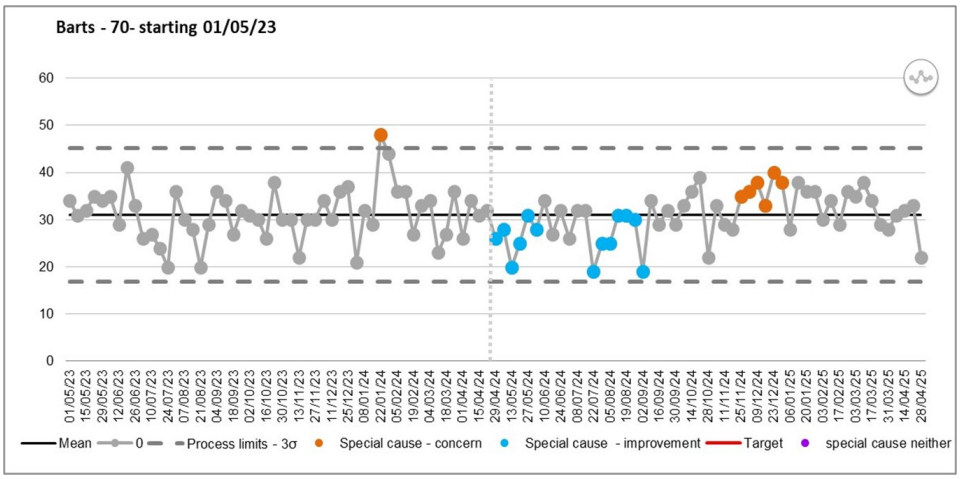


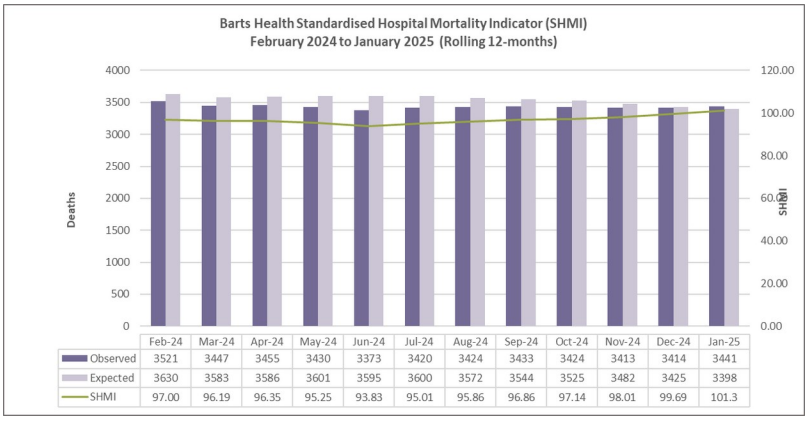
Table 2: crude mortality from May 2023-April 2025. 70 years and over. Emergency admissions



Standardised Hospital Mortality Indicator (SHMI)

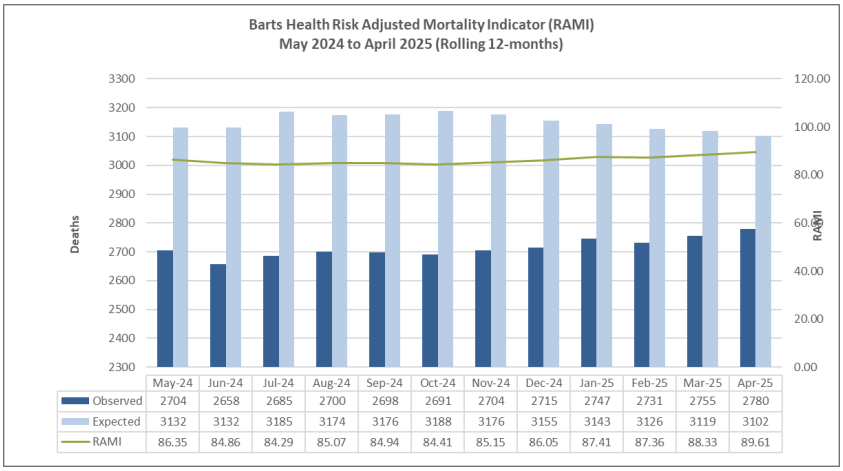
The SHMI is monitored on a monthly basis. This is adjusted for factors such as age, co-morbidity etc (see bibliography). 100 is the national average and reflects the proportion of observed to expected deaths. It is rebased every month. The SHMI for all hospitals is reviewed regularly although the SMHI for St Barts Hospital is not nationally published as this is a specialist hospital. Where specialist services are delivered at other hospitals within the group any alert for the SHMI will lead to a second peer group comparator being drawn. The SHMI for Barts Health remains stable although higher than other teaching hospitals in London. The cause for this is not clear although Barts Health includes activity for 3 busy district hospitals in an area of England with a high deprivation index. There has been concern about a rising SHMI at both St Barts Hospital and the Royal London. Observed deaths at both these hospitals has remained stable but there has been a decline in 'expected' deaths. This has prompted a further review of coding quality.

Table 3: SHMI Feb 24-Jan 25



The RAMI has remained stable at all hospital sites through the year.

Table 4: RAMI May 24 to April 25



Alerts

Review of alert indicators occurs on a bimonthly basis through the Mortality Review Group. Amber alerts are followed on a watch list and red alerts are reviewed with a deeper dive. In the first instance this includes a review of the quality of coded data and following this a clinical review of a defined set of cases to investigate a specific concern. Where an alert appears in a tertiary level service eg St Barts hospital services or RLH major trauma a further review of mortality against appropriate peer groups is undertaken. If possible there may be triangulation against national audit reports on outcomes eg MBRRACE

Table 5: Red alerts for SHMI or RAMI reviewed in 2024-5

RLH	Intracranial injury	76 patients. Severe traumatic injury. No clinical concerns about care. Default to admit to critical care	Closed
RLH	Leukaemias	6 patients under review	
	Complications of surgical procedures	SBH 5 and RLH 9	Deep dive review
SBH	Peri/endo/myocarditis	Under review	
	Fluid and electrolytes	Under review	
NUH	Carcinoma bladder	Under review	

NUH	Carcinoma pancreas	No concerns	Coding corrections
NUH	Carcinoma colon	8 patients reviewed	Coding corrections
SBH	Clinical haematology	13 patients reviewed no initial concerns ongoing review in place	Await formal report
SBH	Sepsis/ shock	Under review	
SBH	AAA, peripheral aneurysms	Under review	For specific peer group evaluation as tertiary centre
SBH	Pulmonary heart disease	Under review	For specific peer group evaluation as tertiary centre
SBH	Cardiac dysrhythmias	Ongoing review	For specific peer group evaluation as tertiary centre
RLH	Renal mortality	Emergency admissions misclassified as elective which changes 'expected' status of death	Closed

Low CCS groups

There is a group of patients in whom death would bot be expected due to their primary diagnosis on admission. These are in low numbers but have been of concern. A review of detail on these patients has consistently identified that the coded diagnosis on admission does not reflect the severity of the underlying condition with the exception of one patient who attended the emergency department with sickle cell disease. This has been subject to a patient safety incident investigation. Examples of other causes of 'low CCS group' conditions include:

- Patient admitted with perianal necrotising fasciitis
- Patient with oesophageal variceal bleed and cardiac arrest on arrival to hospital
- Patient with Hernia with strangulated bowel
- Patient wih a fall at home with a long lie – multiple co-morbidites
- Patient with Asthma with cardiac arrest at home – global hypoxic brain injury on admission to hospital
- Patients recoded under rehabilitation medicine had been admitted to critical care with a primary admission

The MRG has also been tracking mortality in the following areas:

- By day of admission and discharge – early findings indicate mortality is higher for patients both admitted and discharged (will include weekend deaths) at the weekend. Further work will be undertaken in this area although the Trust is not an outlier in comparison to peer hospitals. This has previously been considered at a national level and has led to the development of recommendations for 7 day hospital services (Academy of Medical Royal Colleges)
- Risk of death by ethnicity. It is recognised that mortality is affected by social deprivation and poor health literacy. Adult males from a black and Asian ethnic background may have a higher mortality. Work is ongoing to determine how this affects patients under the care of the Barts Health Group and will be reported in 25-26.

Mortality and Morbidity meetings.

Work has been ongoing through the learning from deaths leads to provide assurance that all specialties are undertaking M&M meetings and following a structure process of review. This is well established in some specialities eg maternity and neonates but requires further work across the Group. To date it has been established that all specialities have relevant meetings. There is however at this stage no consistent recording of outcomes. SBH has developed a Powernote in the EPR to support the clinical review process. This should then enable onward standardised reporting of review outcomes.

Learning from Patient Safety Incidents:

Between 01/04/2024 – 31/03/2025 there were 37 incidents reported with a level of harm recorded as Death.

Of those 37 incidents 36 have a Learning Response recorded which are detailed below.

Table 6: Learning Response process to reported patient safety incident involving a death

Learning Response Confirmed	Data
After Action Review	10
Improvement Pathway	1
Manage via Datix (standard investigation)	5
MDT Review	2
PSII	18
No Information	1

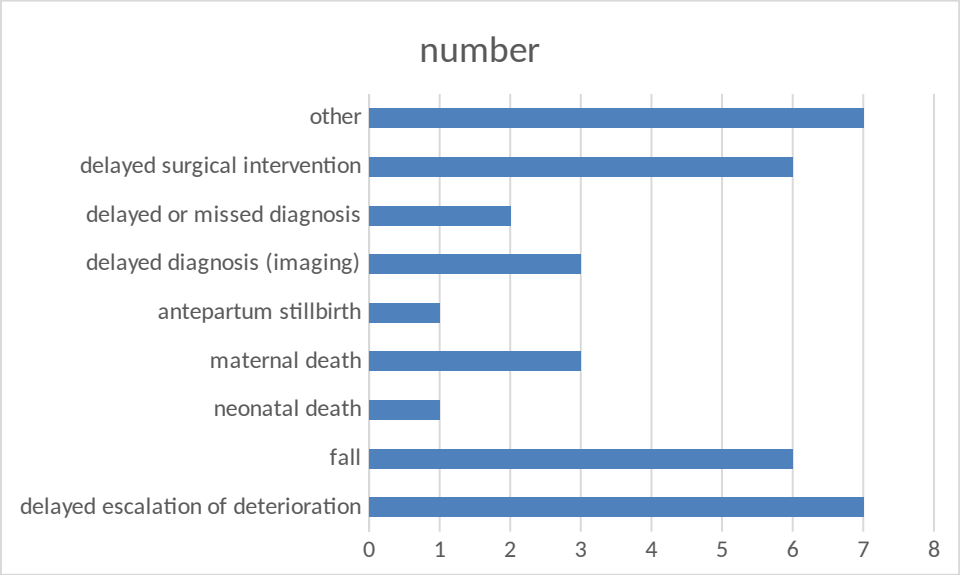
The commonest groups reported where death of a patient occurs include:

- Patient deterioration
- Falls
- Delayed surgical intervention – this relates to emergency management of patients

There were three maternal deaths reported (see later)

There are active improvement programmes in place to improve response to patient deterioration and prevention of harm related to falls. A further review of incidents related to delayed surgical intervention will be undertaken in 2025-6 as this is an emerging theme.

Table 7: Type of patient safety incident involving a death



Medical Examiner

Barts Health hosts a Medical Examiner (ME) service on behalf of NHS England. For this purpose the Medical Examiner service acts independently of the Trust. Medical examiners are supported by a team of Medical Examiner Officers who collate information on deaths and ensure relevant information is recorded. Key working relationships are the national ME, local Coroners and local faith groups as well as clinicians providing death certification in the hospitals and in the community. Barts Health hosts this service for all hospitals in the group and all community deaths in the four boroughs that we serve.

During 2024-5 death certification reforms were implemented requiring all non-coronial deaths in hospital and community to undergo proportionate scrutiny of the clinical record including a conversation with the bereaved. Outcome of a scrutiny can be agreement to issue a death certificate or a recommendation that the death is referred to HM Coroner. If there are concerns about care that do not require coronial referral a death certificate is issued and these are escalated to the Learning from Death leads at each hospital for further clinical review.

The service is in place across all days of the year to ensure that requests for urgent certification and burial are supported. There has been significant engagement with local faith groups with positive feedback received from these. In addition there has been ongoing engagement with HM Coroner services across our boroughs. It has been recognised that there has been a year on year increase in coronial referrals nationally following the implementation of this service.

Table 8: ME scrutiny and outcomes for 2024-5

2024-2025	Q1	Q2 (to 8 Sept)	Q2	Q3	Q4
Scrutinised	596	440	170	695	742
Reported to Coroner (after ME scrutiny)	X	X	17	66	82

Coroner investigation (includes PM, investigation or inquest)	X	X	4	25	32
Unknown outcome at time of data collection	X	X	4	5	1
Death referred for M&M /governance	12	6	1	9	5
Patient Safety incident notified	0	0	0	0	0
date data collected	*12-Jul-24*	*18-Oct-24*	*18-Oct-24*	*13-Jan-25*	*04-Apr-25*

On 9 September, the medical examiner service became statute. Due to this significant change the data supplied is pre-statutory and statutory. The data collected is different post statutory, and determined from the date of scrutiny, while prior to 9 September was determined by date of death.

Prevention of Future Deaths 2024-5

Under the Coroners and Justice Act 2009, a coroner may issue a Regulation 28 Report to Prevent Future Deaths (PFD) to individuals, organisations, local authorities, government departments, or their agencies where, following an inquest, the coroner believes that action should be taken to prevent future deaths. When the Trust receives a PFD report from the coroner, we are legally required to respond within 56 days, unless an extension has been granted. The response must set out the actions taken or proposed to address the concerns raised. Copies of the report are published on the Courts and Tribunals Judiciary website and is shared with relevant bodies including NHS England. We have an internal process whereby reports and responses to the Coroner are shared with the ICB and the CQC. Coroner statistics for England and Wales demonstrate a year on year increase in the number of PFDs issued between 2022 and 2024 (22% and 25% respectively) relative to the number of inquests opened.

This report covers the period from Jan 24 to 31st March 25. The Trust received a total of 5 reports and includes 2 other cases where one PFD was issued to the Trust but the concerns were directed at a National level and the second was a letter of formal concern rather than a PFD.
Of the 7 cases reviewed, 3 patients were under 40 and 4 patients were over 70 and a higher proportion of these were male (5). This correlates with the Coroner's statistics for the 2024 period where 63% of inquests related to males and 56% where people over the age of 65y.

It is noted at a national level that the transition to the national Patient Safety Incident Framework (PSIRF) has led to a significant change in decision making regarding level of local investigation into patient safety incidents in which a death occurred. This has led to a level of dissatisfaction from local coroners regarding evidence presented to inquest and a lack of confidence regarding lessons learned and a commitment to improvement. The Trust remains committed to support inquest investigations opened by HM Coroners and is working to improve the approach within the new PSIRF requirements.

Key learning from regulation 28 notices received in this year includes the following:

- Need to ensure adequate documentation in particular in the emergency setting
- Need to ensure that escalation protocols within the emergency department are sufficient to mitigate the pressures of the department
- Challenge to explore the lack of clinical curiosity in some cases

- Need to understand the implications of an underlying condition ec sickle cell disease and not place an over-reliance on NEWS2 scores
- Concerns regarding patient congestion in the ED
- Failure to ensure robust processes to prevent harm from patient falls

Areas of response to HM Coroner PFD notices included:

- Improved staffing levels within the ED at WXH
- Improved leadership and oversight of safety
- Regular ED sitreps to include NEWS status of patients
- Documentation review by matrons 3x a day
- Updated guidance on use of rapid tranquilisation
- Improved use of sickle cell guidance within the ED

Going forward there is a need to ensure that responses to PFD notices align with SMART objectives and with ongoing QI programmes where appropriate.

Specific groups

Learning Disability

Between April 24 and January 25 there were 39 deaths which is higher than seen precovid. This is line with national trends. All deaths are referred to the LEDER programme.

Some potential underlying reasons for an increase in deaths include:

- Better recoding of information and inclusion of deaths in patients with autism
- Late cancer diagnosis
- Post covid health deterioration – access to regular health checks

The Trust actively participates in the ICB LEDER review group. The Trust is also developing a structured review programme to support the LEDER process. This has been in development through 2024-5 and will be rolled out consistently in 2025-6. In the interim the Trust remains focussed on ensuring the voice of the patient with a learning disability or autism is heard with ongoing work on the use of the hospital passport, appropriate implementation of the mental capacity act and specific focussed areas of work such as awareness with in NUH emergency department on the needs of a patient with a learning disability.

Child Deaths:

The Child and Neonatal Death review process is described in Appendix 4

There were 83 deaths of children in Barts Health in 2024-5. In addition there were 57 deaths of children known to Barts Health but who died elsewhere.

- 61% of deaths were in male patients
- 65% of deaths were in children under 1 year
- 51% deaths were in Asian population
- 37% of deaths were classified as perinatal/neonatal deaths
- 67% of deaths were at RLH. This is a tertiary centre with surgery and paediatric intensive care, major trauma centre and a Level 3 NICU

These findings are in keeping with national data, in particular the proposed cause of death (Source ONS 2021 data). Further work on ethnicity of child deaths as this relates to our local population will be undertaken in 2025-6. Nationally babies from black ethnic groups have the highest infant mortality rate.

Table 9: site of death

Child deaths per site	Q1	Q2	Q3	Q4	Total
Newham	5	5	4	4	18
RLH	12	20	18	6	56
Whipps Cross	2	2	3	2	9
St Bart's	0	0	0	0	0
Total	19	27	25	12	83

Table 10: proposed cause of death

Proposed cause of death	Q1	Q2	Q3	Q4	Total
Acute Medical or Surgical event	75	4	2	1	12
Chromosomal, genetic or congenital anomaly	2	6	2	2	12
Chronic medical condition	0	0	0	0	0
Deliberately inflicted injury abuse or neglect	1	0	0	0	1
Infection	4	0	0	1	5
Malignancy	2	*1	1	0	4
Perinatal/neonatal event	3	12	12	4	31
Sudden unexpected, unexplained death	0	1	7	3	11
Suicide or deliberate self- inflicted harm	0	0	1	1	2
Trauma and other external factors, including medical/surgical complications/error	2	3	0	0	5
Totals	19	27	25	12	83

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Specific reviews:

Neonatal deaths:

Q3 2023: There was a spike in neonatal deaths reported in Quarter 3 at the Royal London Hospital which were subject to review involving external partners with the Maternity Services Safer Partnership. 11 cases were reviewed. RLH has a level three neonatal unit providing complex care for babies born in NE London. There were no cross cutting themes identified. The majority of cases were due to catastrophic perinatal or neonatal events or a chromosomal/ genetic or congenital abnormality. All deaths but one were on an end of life pathway with one exception escalated for further investigation.

Four babies had been transferred into RLH for surgery. Subsequent review of these 4 cases (necrotising enterocolitis) found that changes in neonatal feeding regimes in the level 2 unit were required and this change was made immediately with no subsequent issues. The review did not identify any concerns about the care of the neonates although a recommendation was made to improve communication with transferring teams and to continue to engage with the perinatal review programme.

Subsequent increases in neonatal deaths at RLH have been observed. All cases are reviewed using the perinatal mortality review tool and include an external clinician as well as the internal neonatal team. There

has been one case referred for a patient safety incident response investigation (PSII). Of the other neonatal death these have either been early deaths due to conditions not compatible with life or expected deaths following a period of intensive management within the neonatal unit.

MBRRACE data for neonatal deaths at our hospitals does not show an increase in neonatal mortality compared to national data. This data published in 2024 refers to 2022 data submissions.

On January 2025 a new integrated notification system was due to launch – neonatal deaths will be notified via a new system Cascade, which will ensure MMBRACE, eCDOP and NCMD are all notified (of note babies under 20 weeks gestation classed a neonatal death manual notification to eCDOP still needed)

Sudden unexplained deaths in infants (SUDI):

A significant issue arose in quarter 3 of 2022/23 with a rise in sudden unexplained deaths in infants (SUDI). A NEL network approach has been taken to this with the Named Nurse for Child Death co-chairing a steering group on SUDI prevention. This received input from local boroughs as well as acute and community organisations. This has involved review of the available training packages across NEL, a Safer Sleep Conference in March 2024, use of digital white boards promoting safer sleeping messages within Barts Health. Baby Check app – is a great resource to signpost families to for babies under 6 months The Baby Check App - The Lullaby Trust

Maternity

The Director of Midwifery regularly attends the Mortality Review Group meetings. The group has received reports on improvement plans on a regular basis. The Trust is compliant with processes for reporting and reviewing perinatal and maternal deaths and actively engages with the Maternity Services Support Partnership. There is regular reporting to the Board on maternal deaths, early neonatal deaths (<7 days) and stillbirth rates. Whilst Barts Health continues to benchmark well against other organisations there is full recognition of the challenges associated with providing care to our diverse and transient population.

Overall there has been an observed increase in stillbirths and neonatal deaths across NE London. This has led to a regional deep dive aligned with saving babies lives due to report in 2025/6

In 2024-5 there were three reported maternal deaths. All have been referred to MNSI for investigation. It is noted that some reports of investigation outcomes will not be available until 2025-6. Early learning from the care of these patients has been to provide better support and information to the partner during the acute phase of care where there is significant uncertainty about outcome. For a patient admitted with severe infection there was also learning about the use of the electronic prescribing and administration system which had recently been introduced and caused some issues with timely treatment with antibiotics.

Workforce Development and Training Initiatives

A new training package on death certification was introduced for all medical staff to support the changes to the medical examiner service. This is being rolled out with the expectation that all medical staff undergo this training at least once. There is also information and support for medical staff about the Medical Examiner service and making Coronial referrals on We Share.

A new programme of End of Life training for paediatric staff has been developed with input from the teams. This new programme emphasises the importance of delivering compassionate, high-quality EoL care,

acknowledging that healthcare providers only have one opportunity to support families effectively. Staff will complete this training every three years, reinforcing best practices in paediatric EoL care as outlined in the NICE Standards.

Quality Improvement programmes

A number of quality improvement programmes have been developed to support improvements in care identified through the review of deaths. Some of these are Group wide, for example, a key objective in the Group Operating Plan 24-25 was to improve time to antibiotics in patients at risk of severe sepsis.

Each hospital in the Group has also become part of the national pilot for implementation of Martha's Rule, enabling patients and relatives to access urgent help when they have concerns that they are not being heard locally. This work is supported by UCL partners. It is being implemented across adult and paediatric ward areas. We are working with our communities to understand what this means and how to enable good access for all to this national initiative.

The deteriorating patient group has been re-established and will support ongoing QI interventions in 2025-6.

Local initiatives have included the implementation of a Medical Emergency Team at Newham Hospital. This team is able to respond rapidly to deteriorating patient and support ward staff who have concerns to escalate early for intervention. It has been shown to reduce ward based cardiac arrests through timely decision making and there has been an associated reduction in length of stay for those patients. There have been improvements in medical handover and a focus on improving ward supportive structures in nursing at the Royal London. There is a significant programme of QI work in maternity services which is reported to Safety committee.

Review of Objectives 2024-5

- A structured Judgement Review faculty was trained in 2023-4. This has led to development of a modified structured review process for deaths in patients with learning disability and autism. I
- The Medical Examiner Service was established as a statutory service across all hospital and community settings on 8 September 2024 and offers a 7 day service to support requests for urgent burials.
- Deaths of patients with autism are now included in LEDER reviews as per national requirements
- Mortality and Morbidity meetings: progress has been made in identifying all M&M meetings across the Group. Further work needs to be done to develop standardised outcome notes and oversight at hospital level.
- The new PSIRF continues to be embedded and hospitals use this to identify improvement priorities. Further work is needed to ensure the new PSIRF encompasses learning from deaths in a thematic manner to continue to drive improvements.

Key objectives 2025-6

- Embed standardised reporting from M&M meetings across all specialities.

- Continue deep dives into alert areas making better use of data and information in the electronic patient record.
- Continue to support the work of the Medical examiner service and support the relationship with local coroners.
- To ensure key themes from learning from deaths are embedded in improvement plans across the organisation
- Develop work on deaths in groups with protected characteristics to ensure learning and intervention where possible.

RECOMMENDATION

Trust Board is asked to:

- Receive the report and recognise the progress and objectives for 2024-5
-

Appendix 1: Definitions

SHMI	Summary Hospital-level Mortality Indicator. This indicator looks at deaths following admission from hospital and within 30 days of discharge. The indicator provides weighting for certain characteristics such as age, sex, co-morbidities (using the Charlson co-morbidity index) SHMI does not distinguish patients under palliative care services. It excludes Covid related deaths (the indicator was not developed for pandemic circumstances). The indicator uses admitted patient care data and so organisations with increasing use of same day emergency care services are disadvantaged. Barts Health has been recognised as one such organisation (Source: NHS Digital: SHMI England). This indicator is the nationally used mechanism of mortality data collection. SHMI rebases every month. Organisations can fall into three categories: 1 = worse than expected, 2 = as expected, 3 = better than expected.
HSMR	Hospital Standardised Mortality Ratio is the ratio of deaths *in hospital* following admission. It does recognise palliative care coding. It is also weighted for co-morbidities etc.
RAMI	Barts Health contracts with CHKS as its provider of mortality comparative data. CHKS uses the Risk Adjusted Mortality Indicator. It includes Covid admissions and deaths. It includes length of stay within risk adjustment.
Crude mortality	This is the actual number of deaths at each site.
Charlson co-morbidity index	The Charlson co-morbidity index is a suite of 14 indicators which are used to predict 10 year survival. This is dependant on the quality and 'depth' of coding following a hospital admission (i.e. number of comorbidities recorded)
Medical Examiner	Medical examiners are doctors who are at least 5 years post-graduate with a GMC licence to practice and who have completed recognised training with the Royal College of Pathologists. They report to the National Medical Examiners office. They provide independent scrutiny of deaths, currently in hospital, and from April 2023 all non-coronial deaths (including community, mental health etc). Barts Health hosts the employment of a number of Medical Examiners who have both an acute and a primary care background. They support the Qualified Attending Practitioner and medical or other clinical staff in relation to the MCCD and appropriate Coronial referral. They discuss with and support the bereaved, undertake mortality screening (identifying deaths requiring further review) and escalate any concerns to the Lead ME.
Medical Examiner Officer	The Medical Examiner Officer is a non-clinical role which supports the Medical Examiner in preparation of information following the death of a patient. They work closely with the Bereavement Officers and the Registrar of Births and Deaths.
MCCD	The Medical Certificate of Cause of Death (Death certificate) is issued by the Qualified Attending Practitioner (Medical Practitioner who has seen the patient during their last illness). The patient must have been seen within 28 days of death. The MCCD must be issued and the informant (usually a relative) register the death with the Registrar unless the patient has been referred to HM Coroner. From April 2023 the ME must have undertaken scrutiny of the death prior to issue of the MCCD.
Nosocomial infection	Infection deemed to have been acquired during a hospital admission. This has different definition parameters depending upon the type of infection
Martha's Rule	Patient safety initiative for in-patient hospital care providing patients and families with a way to seek an urgent review if their loved one's condition deteriorates and they are concerned this is not being responded to

MBRRACE	National body producing reports on saving lives and improving mother's care. (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries)
MNSI	Maternity and Neonatal Safety Investigation
MSSP	Maternity Safety Support Programme

Appendix 2: Linked Reports

- Bereavement Group
- End of Life Care Annual Report
- LEDER reports
- Safeguarding Annual report
- National Audit of Care at the End of Life
- Regular Maternity reports to Board

Appendix 3: Bibliography

National Quality Board guidance on learning from deaths 2017

nqb-national-guidance-learning-from-deaths.pdf (england.nhs.uk)

LEDER programme

Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) (kcl.ac.uk)

NHS Digital

Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, September 2021 - August 2022 - NDRS (digital.nhs.uk)

MCCD

Guidance for doctors completing medical certificates of cause of death in England and Wales (accessible version) - GOV.UK (www.gov.uk)

Appendix 4: Actions taken following a child death (statutory process)

Immediately following a child death there is intervention from the relevant bereavement support and the Named Nurse for Child Deaths. All chid deaths not referred to HM Coroner are subject to statutory scrutiny by the Medical Examiner prior to completion and issue of the Death Certificate. All child deaths are referred to a Child Death Overview Panel (CDOP). This is a multiagency panel comprising acute and community health services and social care. Outcomes of these reviews are fed back to paediatric services within the Trust and overseen by the Babies Children and Young People Board in NE London.

Neonatal deaths:

At Barts Health neonatal care in enhanced units is undertaken at level 2 units at Newham and Whipps Cross Hospitals. The Royal London Hospital has a level three unit which takes sicker and more premature babies, both internal transfers from within RLH and transfers from other hospitals across NEL. As a result neonatal deaths are higher within the RLH unit and there is a clear process of review of all neonatal deaths as described below:

Neonatal mortality at the Royal London is reviewed and discussed at a number of different forums. All cases of babies who are born in, or admitted to the Trust, and subsequently die are reviewed. The review process includes:

- Professional debrief
- Consideration of referral to the Coroner and scrutiny by the Medical Examiner
- Recording of the neonatal death on the datix system
- Discussion within perinatal mortality forums
- Round table joint obstetric and neonatal forum
- The Child Death Overview Panel (CDOP)
- All deaths reported to MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries)
- All deaths are reviewed at the perinatal mortality review group using the Perinatal Mortality Review Tool
- Mortality data is recorded on the Badgernet system and collected by NDAU
- External peer review of deaths is undertaken on a case by case basis Babies who are admitted to the NNU and who subsequently die (or those babies who die on the delivery suite), have an initial case review looking at key factors: obstetric and fetal medicine diagnoses; history; gestational age; birth-weight; final diagnosis and cause of death. Referral to the Coroner is carefully considered for each case. Each death is then logged into a spread sheet to support on-going monitoring, forms part of the NICU governance dashboard and is entered onto the datix system.

From Sept 2024, and in line with legal requirements, all non-coronial neonatal deaths are reviewed by the Medical Examiner.

Report to the Trust Board: 10 September 2025	**TB 74-25a**

Title	Green Plan 2025-2028
Accountable Director	Group Director of Strategy and Partnerships
Author(s)	Sustainability Programme Manager
Purpose	All NHS Trusts are required to implement 3-year Green Plans detailing local sustainability actions. By 26 September 2025, updated Green Plans must be submitted, aligned with Net Zero goals and mandatory reporting requirements.
Previously considered by	WXH HEB, RLH & MEH HEB, SBH HEB in August 2025 WXH Green Group (GG), RLH & MEH GG, SBH GG, NUH GG July-August 2025

Executive summary

The Trust will publish its board-approved Green Plan in October 2025.

It aligns with NHSE Net Zero targets and mandatory sustainability reporting.

The plan highlights achievements from 2022–2025.

It outlines future priorities across Estates, Clinical Practice, Waste, Procurement, Transport, Energy and Digital transformation.

Each hospital site contributes a sustainability matrix. Matrices capture completed, ongoing, and planned actions.

These form a core part of the Green Plan. The document supports strategic alignment and operational delivery. It reflects the Trust's commitment to environmental leadership.

Final submission will meet national compliance requirements.

Related Trust objectives (annual goal)	
Provide excellent and equitable health and care efficiently	

Risk and Assurance	This report provides assurance in relation to the above objective.

Legal implications/ regulatory requirements	NHSE is committed to delivering Net Zero Emissions. Statutory Duty under the Health and Care Act 2022

	Mandatory Green Plan Submission Scope 1, 2, and 3 Emissions Accountability Supplier Compliance to social values and carbon reduction plans Governance Oversight: The Care Quality Commission (CQC)

Action required: The Board is asked to approve the 2025 to 2028 Green Plan.

NHS
Barts Health
NHS Trust

Barts Health Green Plan

2025 – 2028

-For a Greener and Sustainable Trust-

NHS

Contents

Overview

Over the past three years, Barts Health NHS Trust has navigated challenges while achieving significant sustainability milestones. Through the delivery of its first Green Plan, the Trust has taken proactive steps to enhance environmental responsibility, ensuring greater sustainability and efficiency across all 5 hospital sites.

This 2025- 2028 green plan represents what we seek to achieve over the coming three years.

With a firm commitment to achieving NHS aims to become net zero for emissions it controls by 2040, and for emissions it can influence by 2045, the Trust has implemented key initiatives that will reduce its carbon footprint, generated financial savings, enhanced social value, and improved operational efficiency.

Introduction

As Chief Executive of Barts Health NHS Trust, I am proud to introduce our Green Plan for 2025–2028—a strategic blueprint for delivering high-quality healthcare while safeguarding the environment, supporting our communities, and ensuring long-term resilience.

Healthcare is not only about treating illness—it is about creating the conditions for people to live healthier, longer lives. That means recognising the profound connection between the health of our population and the health of our planet. Climate change is the greatest public health challenge of our time, and the NHS must lead by example in reducing its environmental impact.

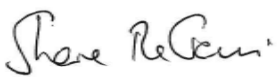
At Barts Health, we are committed to becoming a Net Zero healthcare provider, aligned with the national ambition to achieve a Net Zero NHS by 2040. This Green Plan sets out how we will meet that challenge—through innovation, collaboration, and a relentless focus on sustainability across every part of our organisation.

Over the past three years, we have made significant progress by:

- Transforming our waste systems, achieving one of the highest recycling rates among Acute Trusts in the UK.
- Introducing low-carbon clinical practices, including the removal of Desflurane and the reduction of nitrous oxide emissions.
- Investing in energy-efficient infrastructure and secured major funding to decarbonise our hospital estates.
- Embedding sustainability into procurement, digital transformation, and workforce engagement.

But there is more to do. This plan outlines our next steps—how we will reduce emissions, improve resource efficiency, and deliver care that is not only clinically excellent but environmentally responsible.

I want to thank our Sustainability Team, Green Group members, clinical leaders, and operational staff for their dedication and creativity. Their work is helping us build a greener, fairer, and more resilient health system for East London and beyond.
Together, we will continue to lead the way in sustainable healthcare—because protecting the environment is not separate from our mission, it is central to it.



Shane DeGaris
Chief Executive Barts Health NHS Trust

Sustainability Leadership and Governance

At Barts Health NHS Trust, sustainability is not a side initiative—it is a strategic priority embedded across our governance, operations, and clinical practice. Our leadership approach ensures that environmental responsibility is championed at every level of the organisation, from executive oversight to frontline delivery.

Governance & Oversight

The Trust has established a robust governance framework to steer sustainability efforts:

- **Green Plan Oversight Group**: Sustainability is overseen by the Trust Board, with regular reporting to the Group Executive Board (GEB) and Group Directors (GD).
- **Dedicated Sustainability Team**: A central team leads the development, implementation, and monitoring of sustainability initiatives across all five hospital sites.
- **Site-Based Green Groups**: Each hospital operates a Green Group responsible for local delivery, staff engagement, and site-specific innovation.
- **Specialist Committees**:
    - **Clinical Transformation Green Group** – Integrates sustainability into clinical pathways and procedures
    - **Finance & Procurement Green Group** – Embeds environmental and social value into purchasing decisions and supply chain management
    - **Estates & Facilities Green Group** – Focuses on energy efficiency, waste reduction, and infrastructure resilience
    - **Digital & Innovation Green Group** – Leverages technology to reduce environmental impact and improve operational efficiency

Leadership in Action

- **Senior Responsible Officers (SROs)** have been appointed for key sustainability domains, ensuring accountability and alignment with Trust-wide goals.
- **Clinical Fellows** play a vital role in advancing low-carbon care models, leading initiatives such as nitrous oxide reduction, reusable surgical textiles, and greener anaesthesia.
- **Green Champions** across departments help embed sustainability into day-to-day practice, fostering a culture of environmental awareness and continuous improvement.

Strategic Alignment

Sustainability leadership at Barts Health is aligned with:

- NHS England's **Delivering a Net Zero NHS** strategy
- The **NHS Long Term 10 Year Plan**
- The **United Nations Sustainable Development Goals (SDGs)**
- Local priorities within the **Northeast London Integrated Care System (NEL ICS)**

Accountability & Reporting

Progress is tracked through:

- Site Green Group meetings
- Site HEB meetings
- Quarterly reporting to GEB and Trust Board
- Annual sustainability performance reviews
- External benchmarking via the NHS Social Value Portal and ERIC returns
- Internal dashboards monitoring carbon emissions, waste metrics, and energy use

Through strong leadership, clear governance, and empowered teams, Barts Health is building a resilient, low-carbon healthcare system that delivers lasting value for patients, staff, and the wider community.

Our Sustainability Commitment

As a leading acute Trust, Barts Health is committed to world-class healthcare delivery while ensuring the effective, fair, and sustainable use of resources—maximising public value and supporting national environmental targets.

Aligned with NHS England and NHS Improvement's 'For a Greener NHS' initiative and the national Net Zero Health Service Strategy, the Trust is actively integrating sustainability into its strategic priorities and operational planning.

Strategic Priorities:

- Decarbonisation and Efficiency – Driving reductions in energy use, carbon emissions, and clinical waste across all sites
- Social Value Through Procurement – Embedding sustainability goals and ethical standards into supply chain and supplier relationships
- Inclusive Workforce and Community Impact – Championing equity, skills development, and local partnerships to support community resilience

- Compliance and Assurance – Meeting legislative requirements while exceeding environmental stewardship expectations

This approach reflects the Trust's leadership role in East London, its commitment to long-term health system sustainability, and its duty to serve patients and communities in ways that are socially responsible and environmentally conscious.

Our 3-year green plan embraces the actions from the release of **NHS Fit for the Future: The 10 Year Health Plan for England.** Aiming for a health and care system that protects and enhances health for current and future generations. It focuses on three key areas:

- **Hospital to Community**: Deliver more care locally through *Neighbourhood Health Centres* open 12 hours/day, 6 days/week.
- **Analogue to Digital**: Expand the NHS App as a "digital front door" for booking, advice, and self-referrals; integrating AI and genomic tools.
- **Sickness to Prevention**: Focus on early intervention, lifestyle support, and predictive health strategies.

Green Plan Targets

We have four key targets:

- For the emissions we control directly (the NHS Carbon Footprint), we aim to reach net zero by 2040, with an earlier ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), we aim to reach net zero by 2045, with an earlier ambition to reach an 80% reduction by 2036 to 2039.

Within the Green Plan, there are strategic areas of focus:

Sustainable Models of Care

- Shift toward preventative, community-based care to reduce hospital admissions and associated emissions.

Decarbonise the NHS Estate

- Improve energy efficiency; upgrade infrastructure, and transition to low-carbon heating and renewable energy.

Sustainable Travel and Transport

- Promote active travel, reduce staff and patient travel emissions, and transition to low-emission NHS fleets.

Greener Medicines and Supply Chains

- Reduce the environmental impact of anaesthetic gases, inhalers, and pharmaceuticals.
- Work with suppliers to embed sustainability in procurement.

Waste Reduction and Circular Economy

- Increase recycling, reduce single-use plastics, and treat waste as a resource.

Digital Transformation

- Use technology and data to improve efficiency, reduce paper use, and support remote care.

Strengthen Partnerships

- NEL ICB, Tower Hamlets, Waltham Forest, Newham council, local community green groups, and businesses.

This plan fosters a resilient, inclusive, and sustainable future for the communities we serve.

Trust Sustainability focus points

The above 12 categories of focus are not limitless in our action for change, Barts Health also aligns with several United Nations Sustainable Development Goals.

United Nations Sustainable Development Goals (SDGs)

The **United Nations Sustainable Development Goals (SDGs)** are a global blueprint for achieving a more sustainable, equitable, and prosperous world. Adopted in **2015** as part of the **2030 Agenda for Sustainable Development**, the **17 SDGs** aim to address critical global challenges, including poverty, inequality, climate change, environmental degradation, peace, and justice.

The 17 Sustainable Development Goals

The SDGs recognise that **economic growth, social inclusion, and environmental protection** must be pursued together. Governments, businesses, civil society, and individuals all play a role in achieving these goals. The UN tracks progress through **indicators and reports**, ensuring accountability and adaptation to emerging challenges.

The **SDGs provide a roadmap** for a better future, urging global cooperation to tackle pressing issues. Achieving these goals requires **innovation, commitment, and collaboration** across all sectors. By working together, we can create a more sustainable and equitable world for future generations.

Sustainable Projects & Achievements 2022-2025

1. Investing in Sustainability Leadership

In 2023, the Trust further strengthened its sustainability governance by recruiting a team dedicated to delivering our Sustainability Programmes, with a Net Zero, Travel and Transport, and Energy focus. These roles work collaboratively across all sites to deliver strategic objectives aligned with the Trust's Green Plan, focusing on decarbonisation, energy efficiency, sustainable travel, and overall environmental performance.

In 2024, following the savings achieved through the Trust's new waste contracts, three Sustainability Officers were recruited to lead waste-related initiatives and ensure compliance with sustainability objectives across all sites.

Their role has been instrumental in fostering a culture that views waste as a resource rather than a burden, driving behavioural change, improving segregation practices, and embedding circular economy principles into daily operations.

This investment in dedicated sustainability leadership reflects the Trust's commitment to long-term environmental stewardship and operational excellence.

2. Waste Management & Recycling – 2024/2025

The Trust Board approved the waste strategy for the procurement of a new waste contracts for Barts Health Trust in 2022 and awarded to the new waste contractors in 2024. The aim is to bring this service in-house, have more control over how waste is managed at our Barts Trust sites, deliver an effective sustainable net zero waste management service. Focus on significantly reducing waste and enhancing reuse and recycling efforts across all sites. The target was to reduce waste and increase the recycling rate from 11% to 50% within 2 years.

Strategic Goals & Achievements:

- **New Waste contracts.** In 2024, our clinical waste contract was awarded to Sharpsmart whilst non-clinical waste was contracted to Bywaters. Additional contracts were awarded to Veolia, Shred Station, and GlobeChain.
- **Expanding recycling services**. Dry Mixed Recycling (DMR) implemented Trust-wide to streamline waste collections and increase recycling efficiency.
- **Clinical waste targets**. Barts Health has consistently met—and often exceeded—NHS England's **60:20:20 clinical waste target** (60% offensive, 20% infectious via alternative treatment, 20% high-temperature incineration). The Trust maintained this split for six years prior to COVID-19 and successfully recovered performance beyond target levels post-2021, demonstrating national leadership in sustainable clinical waste management.
- **Replaced single-use sharps boxes** with reusable sharp containers capable of up to 500 uses, reducing the number plastic sharp boxes incinerated, CO_2 emissions and costs.
- Introduced 2000 dry mixed recycling internal foot pedal bins across all sites.



- **Service improvements**. Recycled 50% of total waste in the first year of the new waste contracts 2024–2025.
- **Cost savings**. £1 million was saved on waste disposal costs compared to previous year.
- **Carbon dioxide (CO_2) savings.** 500tCO_2e avoided through improved waste management practices.
- **Reuse.** Repurposed tonnes of unwanted furniture and medical equipment through its reuse scheme—led by Sustainability Officers and supported by Waste Management Team. Items were distributed to other hospitals and donated to charities, reinforcing the Trust's commitment to circular economy principles in partnership with GlobeChain.

  GlobeChain Impact Summary (1 April 2024 – 31 March 2025)

  - £146,105.19 saved by charities and social projects
  - 3,900+ beneficiaries reached
  - Over 19,000 items reused, including clinical stock, furniture, tech, and textiles
  - 45.3tCO_2e deferred
  - 40+ tonnes diverted from waste disposal
  - £12,559 + VAT saved from the Trust's waste budget
  - Items unsuitable for reuse—such as logo'd uniforms—were securely shredded and recycled, protecting data while avoiding landfill.

  Through GlobeChain's tracking system, the Trust continues to demonstrate tangible outcomes at local, national, and international levels, highlighting the social, environmental, and financial value of its sustainability initiatives.

- Walking aids reuse collection scheme rolled out. Allowing patients to return walking aids at all hospital sites, reusable walking aids helps to reduce waste, lower costs, and support community health initiatives.

This initiative is actively shaping a sustainable healthcare model, where resource efficiency and climate-conscious operations are embedded in everyday practice.

3. Heat Decarbonisation & Energy Efficiency Initiatives

In 2024, the Trust partnered with Mitie to develop a comprehensive Heat Decarbonisation Plan for each hospital estate. This strategic collaboration ensures that all sites have a clear pathway to transition away from fossil fuel-based heating systems. The plans are fully aligned with the Trust's commitment to achieve Net

Zero carbon emissions by 2040, and will guide future capital investment, infrastructure upgrades, and funding applications to support low-carbon heating solutions across the estate.

Heat Decarbonisation Study Focus Areas

- Moving towards **100% renewable electricity** through National Grid supply options.
- **Upgrading Building Management Systems (BMS)** – Improving operational efficiency and energy performance.
- **Reducing Energy Demand** – Through smarter space design and intelligent control systems.
- **Enhancing Building Fabric Insulation** – Minimising heat loss and improving thermal efficiency.
- **Transitioning from Gas Heating** – Shifting to lower-carbon, sustainable heat sources across all sites.

LED Lighting and Renewable Energy Initiatives

Upgrades to LED lighting is carried out across all hospital sites as part of a phase out programme to reduce lighting electricity demand by 80%.

- During 2025, all conventional lighting has been replaced in Mile End Hospital with energy-efficient LEDs, complemented by the proposal to install rooftop solar panels to generate clean electricity in the following year.

These upgrades will not only drive down the Trust's environmental carbon footprint but also enhance resilience, deliver cost savings, and reinforce alignment with NHSE Greener targets and national climate goals.

4. Clinical Sustainable transformation

Lead by our clinical fellows since 2023, we have completed several sustainability initiatives. We have reduced wastage and leakage of nitrous oxide, a significant ozone depleting substance. Whipps Cross Hospital and St Bartholomew's Hospital successfully piloted nitrous oxide gas manifold switch-off, replacing traditional piped gas systems with mobile gas cylinders.

Key Insights & Outcomes

- **Reduction in nitrous oxide emissions**

The Trust was emitting over 5 million litres of nitrous oxide annually, with 95% lost through leakage and only 5% used clinically. Led by our clinical fellows, in 2025 we decommissioned piped gas manifold systems and adopted a lean, cylinder-based supply model in theatres, supported by Trust-wide education for anaesthetic teams to reduce reliance on nitrous oxide and embrace sustainable alternatives. This targeted intervention significantly cut emissions and demonstrated how clinical change can drive lasting environmental and financial benefits, at Whipps Cross Hospital and St Barts Hospital. Following its success, Newham University Hospital and Royal London Hospital have implemented similar initiatives to further reduce nitrous oxide use and its environmental impact.

- **Reusable Surgical Gowns** have been rolled out at Whipps Cross Hospital, which will save tens of thousands of pounds in disposal costs and are expected to save 76tCO_2e. Once rolled out Trust-wide, it will save purchasing approximately 339,000 single use disposable gowns. There is an ambition to introduce reusable drapes and hats in the coming years.
- **Reusable surgical kits** have been introduced to minimise reliance on single-use products. In many surgical procedures, less than half the surgical kit is used. Once open, all surgical instruments will be disposed of. Standardising kit sizes will not be practical for all operations, and the Trust is looking at specific types of operations where it is appropriate, like dental operations.

- **Donating unwanted reusable furniture and equipment** through GlobeChain, diverting items from the waste streams saving on cost for disposal.
- **Decommissioning of Desflurane: Transition to Low-Carbon Anaesthesia.** As part of the Trust's commitment to delivering clinically safe, sustainable healthcare, **Desflurane**, a high-carbon volatile anaesthetic, has been successfully withdrawn from general use without compromising patient safety. This follows national guidance showing Desflurane's disproportionate environmental impact—having a global warming potential 2,500 times greater than carbon dioxide. Clinical alternatives have been identified and adopted across anaesthetic teams, ensuring effective anaesthesia care while aligning with the Trust's Net Zero goals.
- **Tackling the overuse of asthma inhalers**, by improving clinical care of asthma patients across the NEL ICS. When prescribing inhalers, clinicians are effectively teaching patients how often to use their inhalers. This enables optimal inhaler usage, reduces overprescribing, and reduces the carbon footprint of inhaler usage.
- As part of the Trust's commitment to sustainable procurement and circular economy principles, **catheters used in procedures at St Bartholomew's Hospital are now collected and recycled by the manufacturer**. Catheter bags are safely collected after clinical use and sent to the manufacturer where they are cleaned, sterilised, and tested to ensure safety and functionality. If deemed fully operational, the catheters are repackaged and sold back to Barts Health at a price lower than purchasing new units, delivering a lower carbon footprint compared to producing the same item from raw materials. This innovative model demonstrates how procurement and clinical operations can align to reduce environmental impact, lower costs, and maintain patient safety.

5. Transport and Travel Initiatives

Over the past three years, the Trust has undertaken the following actions to improve local air quality:

- **Redefined vehicle choices for staff car salary sacrifice scheme**—now limited to low-carbon or zero-emissions vehicles to improve air quality.
- **Provided free Brompton hire bikes** for staff; this service promotes sustainable commuting between hospitals.
- **Introduced car-sharing programs** to reduce single-occupancy vehicle use.
- **Installed eight EV charging points** at Whipps Cross Hospital and two at Newham Hospital.
- **Purchased two new electric vehicles**
- **Built a new cycle hub** at Newham Hospital, providing a safe place to store bikes
- The "**CYCLE WITH BARTS**" project offered weekly cycling lessons and led rides for cardiac rehabilitation patients and other patient groups at four London hospitals from January to July 2023. Each session had two cycling instructors and a fleet of Brompton bikes, providing a mix of skills training and group rides. In total, 79 people registered for the program, with 45 individuals attending at least one session. The carbon footprint for travel in 2018/19 was 149 tCO_2e. In 2023/24, it was 122 tCO_2e.

6. Supplier Engagement & Procurement Policies

In 2018/19, the estimated carbon footprint associated with the procurement of goods, services, and pharmaceuticals was 209,889 tCO_2e.

This significant figure highlights the critical importance of embedding sustainability into procurement practices—from how products are sourced to how services are delivered. Reducing emissions in the supply chain is not only essential for achieving net zero targets, but also for driving system-wide environmental and economic benefits.

- From 2022, tenders have included a measurable commitment to social value from awarded contractors and suppliers that benefits the local community.
- Suppliers awarded contracts after 2023 with a value greater than 5 million now have an obligation to present a carbon reduction plan showing their actions to achieve a net zero target by 2045.
- Supporting responsible ethical sourcing, reducing environmental impact, and prioritising suppliers with strong sustainability credentials. The Trust seeks evidence of compliance with all the above requirements, including the UK Modern Slavery Act 2015 and ILO Conventions.

The Trust actively collaborates with suppliers to deliver measurable social value outcomes, with progress transparently reported through the NHS Social Value Portal.

As part of its strategic objectives, the Procurement Team is actively embedding sustainability goals throughout all contracts, processes, and supply chain activities. This approach ensures that environmental responsibility and social value are integral to how goods and services are sourced, delivered, and managed across the Trust.

Key priorities include:

- Enhancing **operational efficiency**
- Achieving **cost savings**
- Promoting **waste reduction and circular economy principles**

A standout achievement has been the implementation of a **new Waste & Reuse arrangement**, led by the Procurement Team. This initiative focuses on:

- Reusing high-volume clinical items
- Minimising unnecessary disposal
- Maximising recovery and recycling outcomes

As a result, the Trust has achieved one of the **highest recycling rates among Acute Trusts in the UK**, demonstrating leadership in sustainable procurement and environmental stewardship.

7. Technology & Digital Transformation

- **Digital meal ordering systems** have replaced paper-based patient menus.
- Pilot project at Whipps Cross Hospital aims to **digitalise medical records**, reducing paper waste.
- **Virtual appointments** for outpatients implemented help minimise unnecessary hospital visits, decreasing travel-related carbon emissions.
- One major innovation in dental care is the use of **digital 3D imaging**, which eliminates the need for throwaway casts traditionally used for impressions.

8. Engagement & Innovation

- **Empowering Staff & Communities:** Encouraging active participation in sustainability initiatives through education, training, and collaboration.
- **Innovative Solutions:** Leveraging technology and data-driven approaches to improve energy efficiency, reduce waste, and optimize healthcare delivery.
- **Strategic Partnerships:** Working with local authorities, businesses, and healthcare providers to develop sustainable solution and share best practices.

9. Funding 2024-25

- £750,000 was secured from the Low Carbon Skills Fund for all hospitals to develop a Heat Decarbonisation Plan, supporting efforts to reduce carbon emissions.
- Mile End Hospital have successfully secured funding for two decarbonisation projects: £84k awarded for LED lighting upgrades through the NHS NEEF3 scheme and £274k for solar PV from NHSE, enhancing energy efficiency and sustainability.
- Newham Hospital has been awarded £13.7 million of Public Sector Decarbonisation Scheme funding for its Heat Decarbonisation Project.

10. Training

Sustainability Training Programme: Impact Summary (2023–2025)

Objective	Outcome
Equip NHS staff with sustainability knowledge and accreditation	Delivered IEMA-certified CPD courses to clinical and non-clinical staff across Barts Health and BHRUT
Support delivery and evolution of Green Plans	Staff trained to identify environmental risks, improve performance, and lead sustainability projects
Build a network of Net Zero advocates	Formation of cross-functional sustainability champions and ambassadors
Professionalise sustainability skills within NHS workforce	Training aligned with NHS career pathways and IEMA accreditation
Deliver triple-bottom-line projects	Initiatives launched in energy efficiency, waste reduction, and sustainable travel

Ongoing Review

The Trust continues to assess the effectiveness of its sustainability initiatives and share the outcomes with its partnering hospitals. The Sustainability Team and Green Groups remain committed to monitoring progress, implementing improvements, and exploring further innovations to support the Trust's mission of delivering an 80% carbon reduction by 2032 and achieving Net Zero NHS by 2040.

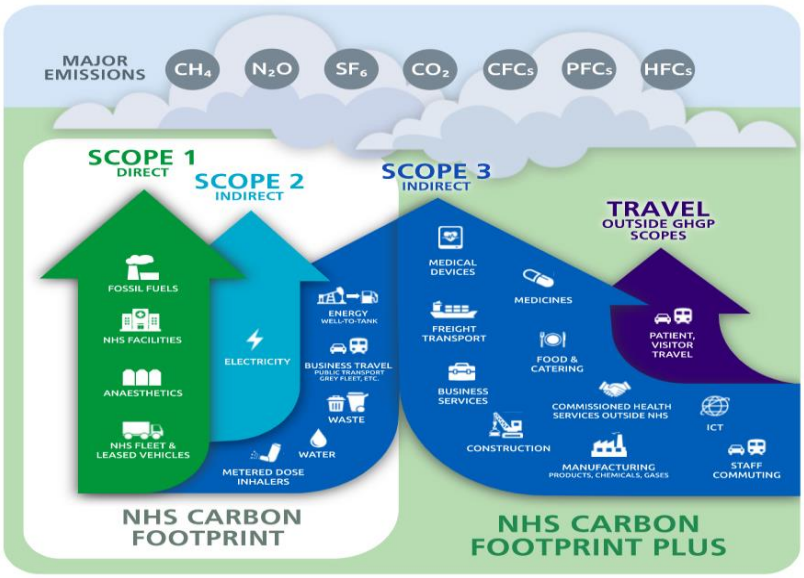
Packaging Recycling	Contaminated product recycling	Greener Theatres
Recycling of non-contaminated packaging including suture foils, sterile tubes, soft plastic packaging and blue wrap 		

Our Carbon Journey

There is no doubt that urgent action on addressing climate change is needed. The link from climate change to public health impacts and NHS resource pressures is clear.

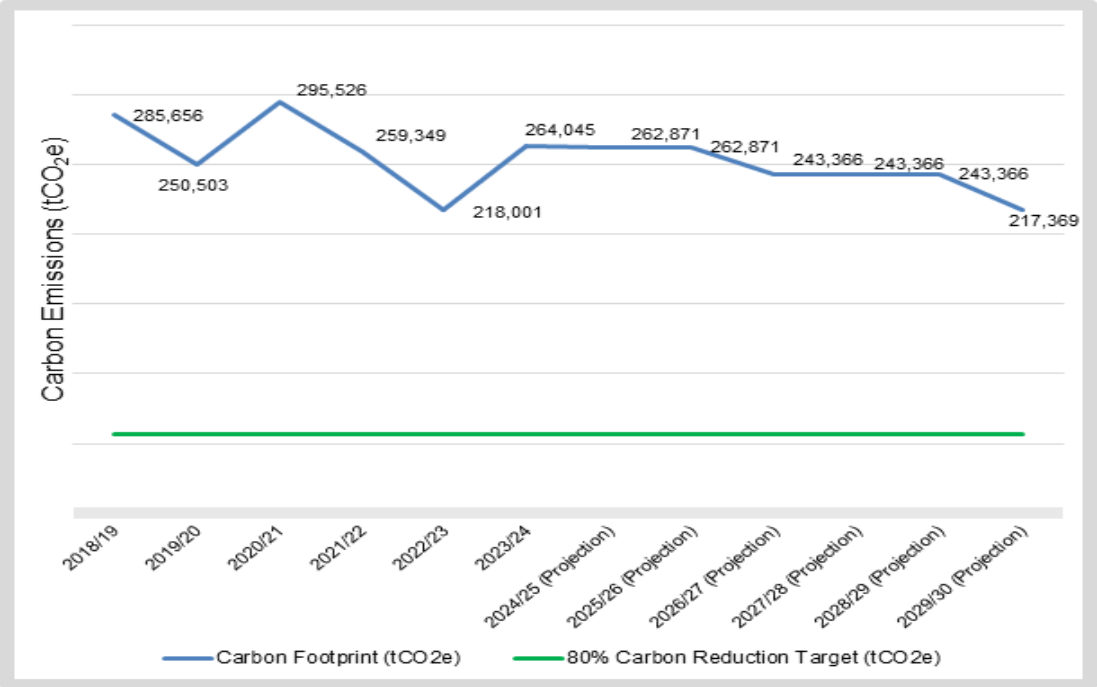
Emissions contributing to climate change arise from activities directly or indirectly undertaken by the Trust, measured in its 'Carbon Footprint.' We use the NHS Carbon Footprint and Carbon Footprint Plus to differentiate by these different kinds of emission associated with our Trust.

We have more control at our hospital sites tackling Scope 1 and 2 emissions that is related to building emissions waste and transports. Scope 3 emissions are based on influence placed on suppliers to change how they manufacture or supply their products to the Trust.



Barts Health 2018/19 NHS Carbon Footprint for that year was 285,656 tCO_2e. This is the baseline on which we are working towards delivering our net zero target by 2040.

We have reduced our emissions by 7.6% from our baseline of 2018/19 - that is over 21,000 tCO_2e. Our projections show we still have significant steps to take to reach our ambition of an 80% reduction by 2032.



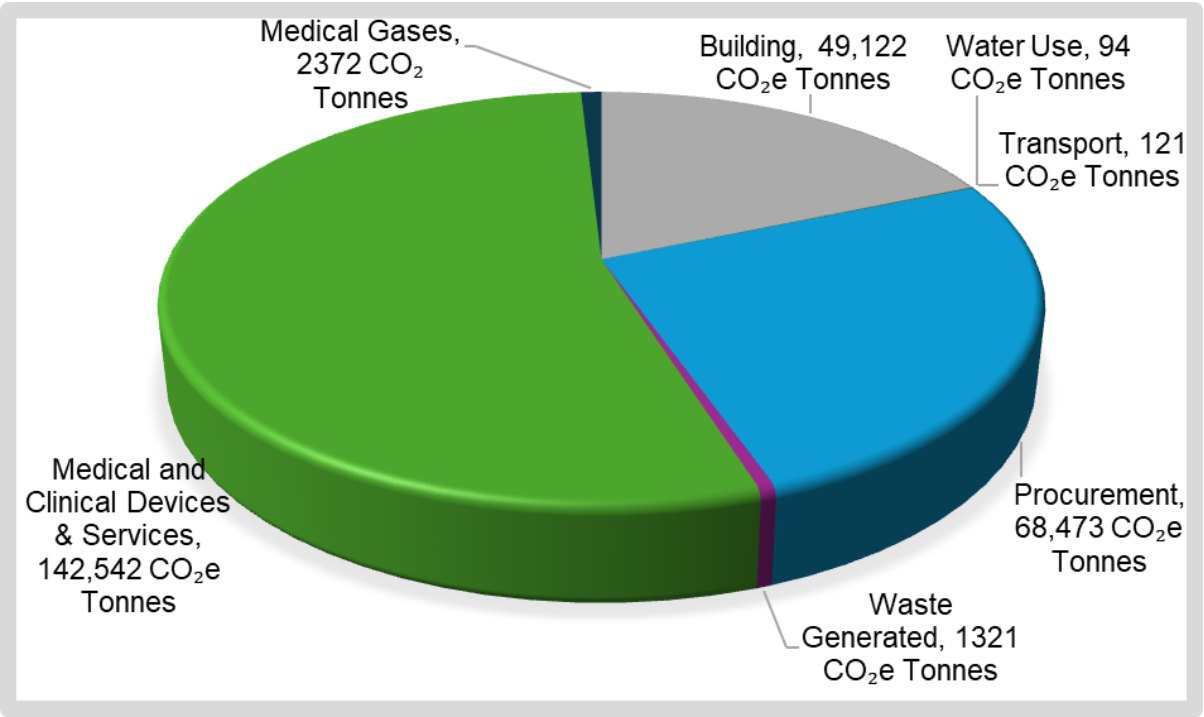
The pie chart below shows the proportion of our emissions by the categories from the NHS Carbon Footprint Plus diagram.

2023-24 data shows that emissions from medical and clinical devices and services have increased significantly. This area contributes 54% to the Trust's overall carbon footprint.

At the same time, emissions from procurement have gone down to 26%, due to changes in how and what we buy. These two areas are intricately linked—what we purchase directly affects the carbon impact of clinical services.

To reduce emissions effectively and report accurately, future planning should consider both together—making smarter procurement choices while supporting more sustainable clinical practices.

Barts Health NHS Trust Carbon Footprint 2023/24



Our current carbon reduction performance was impacted by the significant reductions of greenhouse gas emissions in external factors across the UK i.e. more renewables on the UK electricity grid. These reductions are:

- Grid electricity: 27% reduction
- Natural gas: 0.8% reduction
- Water consumption: 55% reduction
- Gas Oil: 7% reduction
- Forecourt Diesel: 4% reduction
- Nitrous Oxide (associated with medical gases): 11% reduction
- Procured and commissioned goods and services: 10% (average)

Sustainability Targets 2025-2028

As part of our commitment to delivering climate-smart healthcare, the Trust has developed a forward-looking framework of sustainability targets. These new targets focus on measurable improvements to manage climate change impacts, energy efficiency, waste reduction, procurement, and low-carbon clinical care to ensure tangible progress over the next three years.

Reference to Supporting Documentation

Please refer to Appendix 1, which outlines the Trust's site-specific sustainability actions detailing environmental improvement targets and project commitments across all hospital sites for the 2025–2028 period.

The actions support strategic planning and provide a clear overview of:

- Carbon reduction goals
- Estate upgrades and retrofits
- Waste minimisation and circular economy initiatives
- Biodiversity and greenspace improvements
- Clinical and workforce-led sustainability actions

This framework enables tracking against NHS Net Zero ambitions while aligning operational priorities with site-level environmental responsibilities.

Climate Change Adaptation Plan

Developing a Climate Change Adaptation Plan is essential for each hospital ensuring Trust resilience against the impacts of climate change. Here is our structured approach for the next 3 years and beyond:

Each hospital will complete The NHS Climate Change Risk Assessment (CCRA). This tool supports NHS Trusts, system leaders, and healthcare organisations in identifying climate-related risks specific to their operations, understanding their potential impact on healthcare delivery, and planning effective adaptation responses. It also helps organisations progress towards NHS Net Zero commitments while ensuring service continuity during climate-related disruptions, making it a vital resource for building climate resilience across the healthcare system.

Key points to consider

Climate Risks & Vulnerabilities

- Identify climate-related risks such as extreme weather, flooding, heatwaves, and resource scarcity.
- Conduct risk assessments to understand how these factors impact infrastructure, operations, and communities.

Define Adaptation Goals

- Establish clear objectives for improving climate resilience.
- Align goals with local, national, and global sustainability policies.

Develop Strategies & Solutions

- Infrastructure Adaptation: Strengthen buildings, roads, and healthcare facilities against climate threats.
- Water & Resource Management: Improve efficiency and secure access to vital resources.
- Energy Transition: Invest in renewable energy and climate-smart technologies.
- Health & Safety Measures: Ensure public services can respond effectively to climate-related health risks.

Collaborate with Stakeholders

- Engage with government agencies, local councils, businesses, local communities, and environmental experts.
- Foster cross-sector partnerships to enhance adaptation efforts.

Implement & Monitor Progress

- Develop short-term and long-term action plans.
- Establish monitoring frameworks to track progress and adjust strategies as needed.
- Establish a comprehensive Climate Change Adaptation Plan
- Resilience strategies for healthcare infrastructure and service delivery.
- Hot and Cold Weather Plans, ensuring preparedness for temperature extremes.
- Multiagency flood plans, developed in collaboration with suppliers, local authorities, community groups, Local Health Resilience Partnerships, and other healthcare providers/commissioners.

- Financial impact assessment of climate change on the organisation, including the cost of inaction.

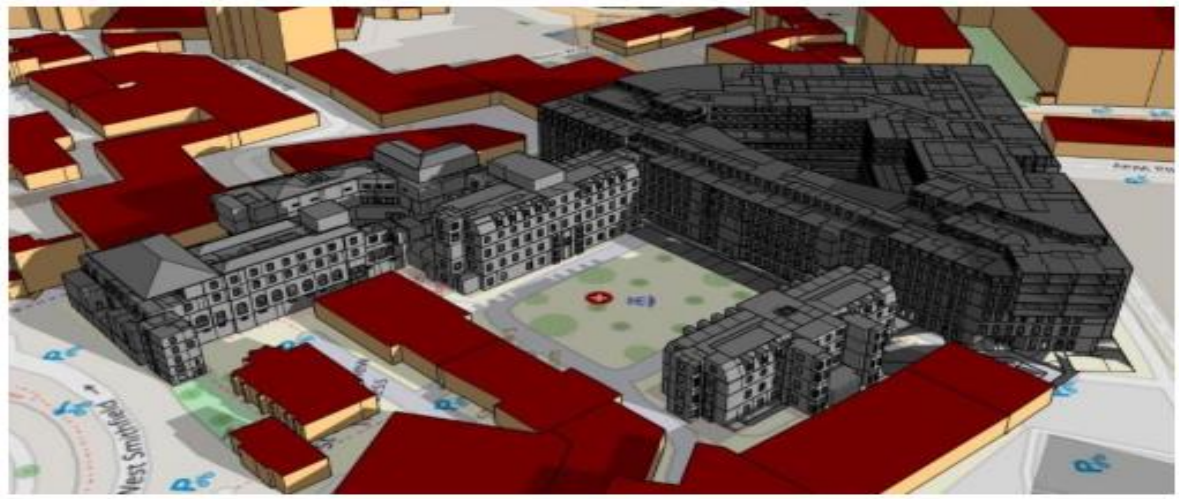
Energy and Water

The Trust spent over £37 million on energy (electricity, gas, and a small amount of oil) in 2022/23.

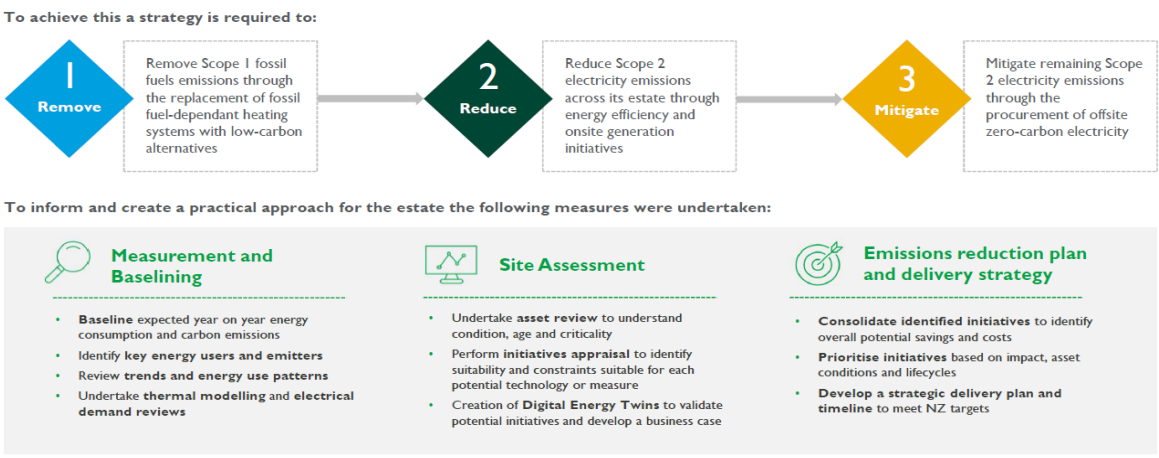
Its carbon footprint from energy consumption in 2022/23 was 47,541tCO_2e.

In 2024, Barts was successful in receiving £700k from Salix, Low Carbon Skills Fund to develop comprehensive Heat Decarbonisation Plans for all our sites. This included Digital Twin models of our buildings which increases the accuracy of our heat decarbonisation plans and where we can test how energy saving measures will affect our buildings before investment.

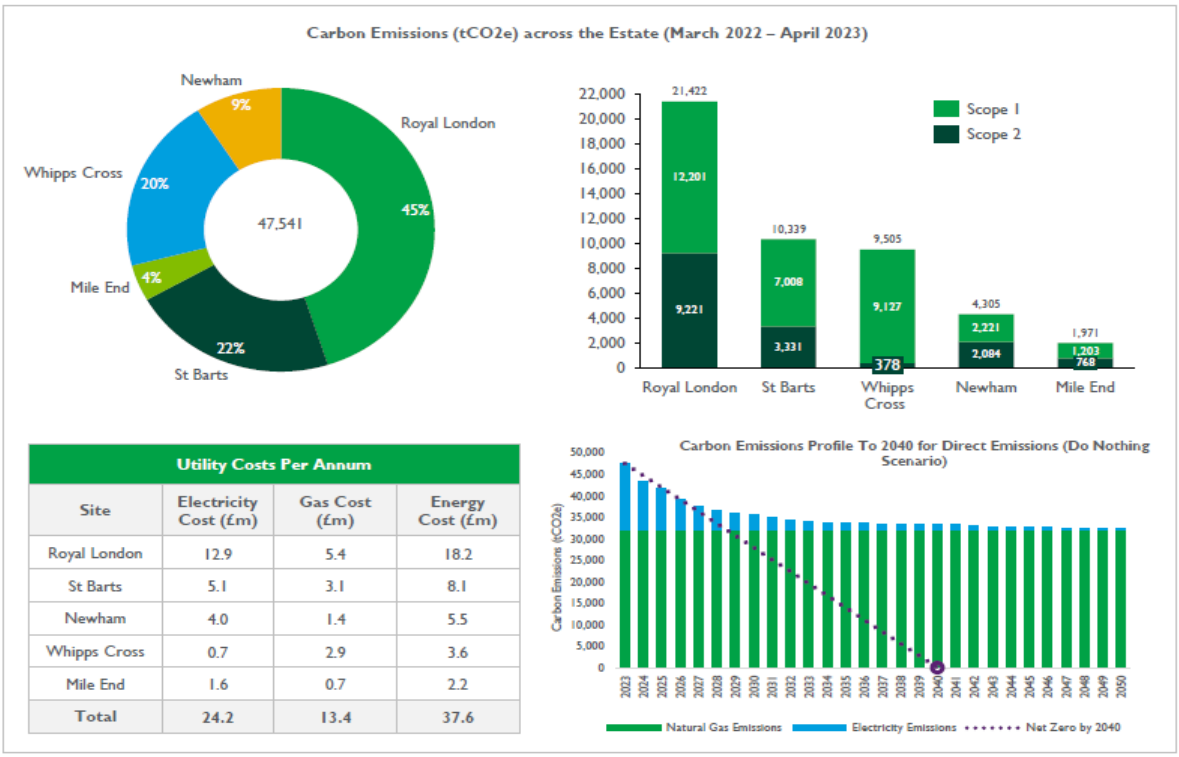
Digital twin model of St Bartholomew's Hospital



The 3 key steps to the heat decarbonisation plan, is to reduce the use of fossil fuel to heat buildings, improve energy efficiency, onsite generation, and procurement of net zero renewable electricity supplies.

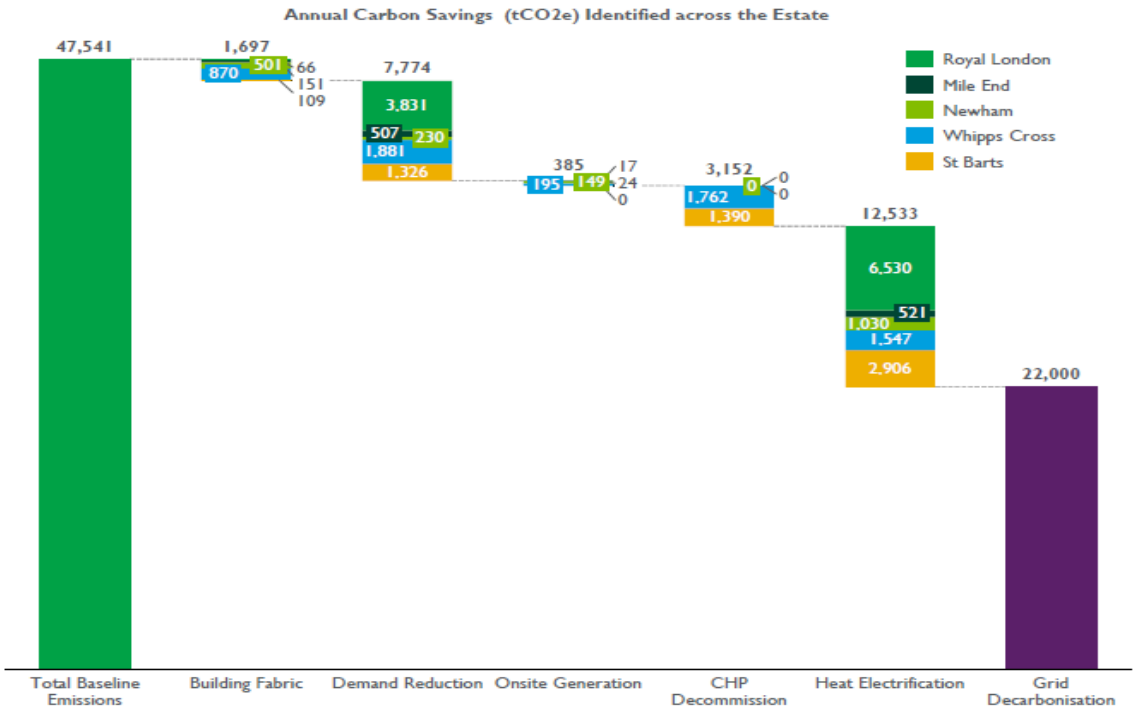


Across our five sites the below diagram shows our energy spend and the carbon associated with each site



Utility Costs Per Annum			
Site	Electricity Cost (£m)	Gas Cost (£m)	Energy Cost (£m)
Royal London	12.9	5.4	18.2
St Barts	5.1	3.1	8.1
Newham	4.0	1.4	5.5
Whipps Cross	0.7	2.9	3.6
Mile End	1.6	0.7	2.2
Total	24.2	13.4	37.6

Our roadmap below identifies the measures that are needed to reach our objectives.



These plans will ultimately take us to 2040, but key measures include:

• Developing a comprehensive metering and energy monitoring strategy to gain detailed insight into energy consumption across buildings and key assets to enable data-driven decision-making.

• Engaging with local heat network operators to confirm feasibility, benefits and costs associated with connecting to local heat networks.

• Identifying capital budgets and third-party funding opportunities to secure financial resources for implementation.

• Collaborating with partners to assess electrical infrastructure capacity and evaluate the feasibility and costs associated with increasing supply capacity.

• Establishing a robust monitoring and verification program to track performance, validate energy savings, and ensure long-term operational efficiency of implemented projects.

We will also be looking at measures to reduce our water usage by:

• Adding automatic meter monitoring (AMR) and reviewing the feasibility of a leak detection warning system.

• Introducing new mechanised methods of cleaning hospitals that will include electronic cleaning equipment that is more efficient and uses significantly less water and chemicals.

• Reviewing the feasibility of waterless urinals and aerator taps.

Travel and Transport

Travel by staff, patients, visitors, and contractors significantly contributes to air pollution in East London, impacting both climate change and public health.

These include emissions that contribute to climate change, poor air quality (e.g. due to NOx and PM2.5 pollution) and consequent impacts on community health. Patient groups particularly vulnerable to air pollution, include those with respiratory illnesses, coronary heart disease (CHD), pregnant women, children, and older people.

These are the key measures we will work towards to improve climate and health outcomes:

- Refresh Travel Plans: Continuously refresh and inform actions to meet sustainable travel goals.

- Conduct Travel Surveys: Regularly conduct travel surveys (Years 1 & 3) to provide key data to inform actions and measure to meet goals.

- Offer Zero-Emission for Staff Car Salary Sacrifice Scheme: Offer only zero-emission vehicles through staff car salary sacrifice schemes from December 2027 onwards (for new lease agreements), aiming to increase the number of electric or hybrid cars leased and reduce CO_2 emissions. This service should encourage staff members to purchase low emission vehicles through the salary sacrifice scheme.

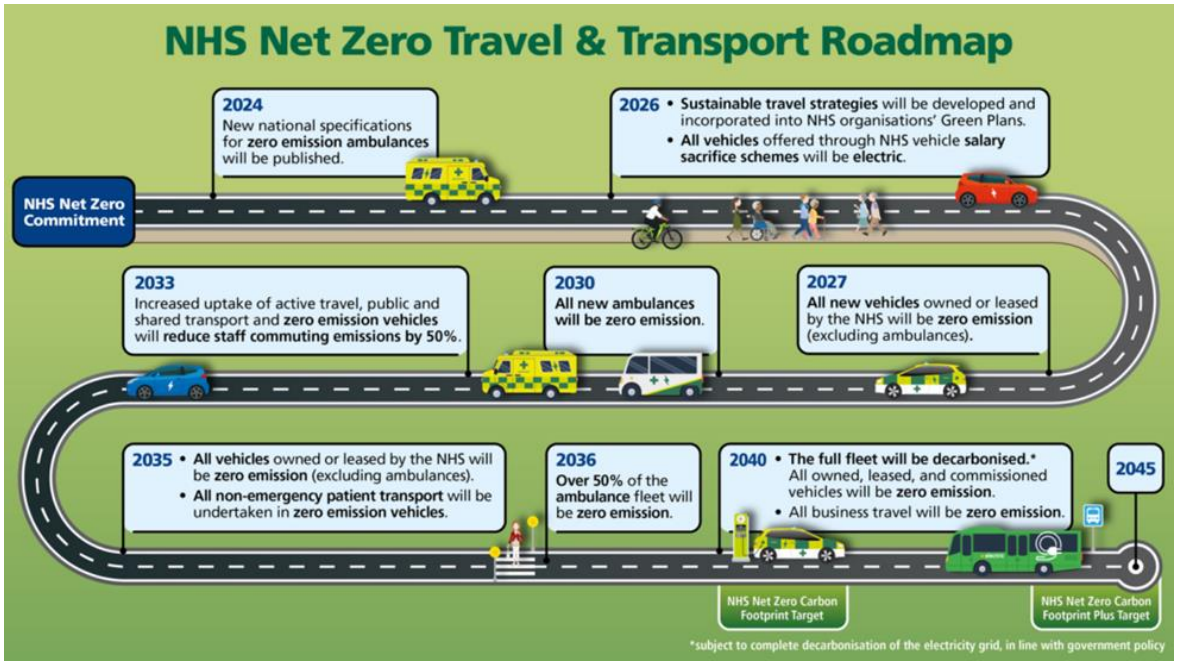
- Procure Zero-Emission fleet vehicles: Plan to purchase, or enter new lease arrangements for, zero-emission vehicles only from December 2027 onwards (excluding ambulances), aiming for a reduction in scope 1 emissions and local air pollutants, and to increase the number of electric or hybrid cars leased.

- Improve Cycle Facilities: Increase and improve the number of cycle facilities for both patients and staff (Year 3), aiming for a reduction in scope 3 emissions and reduced local air pollutants.

- Increase EV number of charging points: Increase the amount of EV Charging for both patients and staff to over 100 at Whipps Cross, aiming for a reduction in scope 3 emissions and reduced local air pollutants.

- Install and Monitor AQ Sensors: Install and monitor AQ Sensor data monthly (Year 2), warning stakeholders of high incidences and targeting improvements, specifically for NOX and PM2.5/10.

- Implement Clean Air Hospital Framework Actions: Implement idea actions within the Clean Air Hospital Framework to improve Air Quality (Years 1-3), aiming for a reduction in car emissions and fewer cars on the road, including the rollout of Brompton bikes for free use between 2-3 sites.



Measures to reduce the impacts of travel include links to the review of clinical models of care as well as logistics involved within supply of goods and services to the Trust.

Healthy Food Choices

In partnership with catering contractors, the Trust plans to expand access to healthy and sustainable food options through catering services and retail outlets within its facilities. Awareness campaigns such as Veganuary and meat free days will promote better food choices.

Barts Health sustainable food nutrition focuses on healthy eating while minimising environmental impact. It promotes food choices that support human health, biodiversity, and responsible resource use.

Key goals for sustainable nutritious food

- **Plant-Based Focus** – Increasing consumption of fruits, vegetables, legumes, nuts, and whole grains leads to healthier eating and reduces environmental strain.
- **Ethical Protein Sources** – Choosing sustainably sourced fish, plant-based proteins, and responsibly farmed meat helps lower carbon emissions.
- **Minimising Food Waste** – Reducing waste through better meal planning, portion control, and composting waste supports sustainability.
- **Local & Seasonal Eating** – Opting for locally grown, seasonal produce reduces transportation emissions and supports local farmers.
- **Balanced Diets** – Following nutrient-rich, minimally processed diets ensures both personal health and environmental sustainability.

Soft FM and our catering supply chain management team will be focussing on integrating environmental, social, and economic considerations into purchasing decisions and logistics. This will reduce the Trust's carbon footprint, improve ethical sourcing, and enhance long-term resilience.

Procurement and Supply Chains

The Trust has a strong approach to integrating sustainability into procurement. By requiring new contractors and service providers to outline their social value commitment, our Trust ensures that sustainability, community support, and carbon reporting becomes a standard part of contract delivery.

Key Requirements for New Contractors over the next 3 years:

1. **Social Value Commitment** – Contractors must demonstrate how their practices are sustainable and support local communities through employment or social initiatives.
2. **Carbon Reduction Plan** – All contractors and service providers must provide a clear plan detailing how they intend to minimise their climate impact over the term of the contract with the Trust.

Procurement actions

- **Monitoring** – Using an independent evaluator, CO_2 Analysis, to monitor our Scope 3 emissions and support us with selecting alternative lower-carbon options.
- **Ethical Sourcing** – Ensuring suppliers adhere to fair labour practices, human rights standards, and environmental regulations.
- **Carbon Reduction** – Minimising emissions by requesting efficient transportation, local sourcing, and renewable energy use from our supply chain.
- **Waste Reduction** – Implementing circular economy principles, such as recyclable products, reusing materials, and reducing packaging waste.
- **Supplier Collaboration** – Working with vendors to innovate sustainable solutions and improve transparency.
- **Regulatory Compliance** – Aligning procurement strategies with global sustainability standards.
- **Cost Savings** – Reducing waste from over ordering leading to long-term financial benefits.

Waste Initiatives

The Trust is implementing targeted actions to reduce waste, improve recycling, and promote a circular economy model across all departments.

Key Priorities include:

- Increasing recycling to 60% of total waste collected by 2026.
- Expanding behavioural waste auditing to non-clinical areas, supporting teams to better identify recyclables and to improve waste segregation.
- Improving recycling facilities for high-value waste streams, such as non-confidential paper, hard plastic and food.
- Exploring practical strategies to reduce single-use plastics across both clinical and non-clinical settings.
- Launching a new cross-functional group, including Procurement, Waste, Suppliers, and Green Champions, driving innovation and promoting sustainable sourcing and disposal.
- Partnering with NHS Supply Chain Business Improvement Team to incorporate their use of Inventory Management Systems (IMS) and Point of Care (PoC) solutions. These systems provide a foundation for safer, smarter, and more sustainable supply chain operations.
- Collaborating with Estates, Pharmacy, Clinical, and Project teams, to embed waste impact assessments in the review and design of new care pathways and service models.
- Rolling out more food caddies in staff kitchens Trust-wide, capturing more food waste for biogas production and fertiliser creation.
- Incorporating insights from GOSH's "Gloves Off" campaign, and explore implementation across Trust services to ensure non-sterile gloves are used only when necessary-reducing waste, cost, and contamination risk
- Engaging staff at all levels to improve recycling practices. The Waste Management Team, supported by Sust-N, our waste contractors, and the sustainability officers, will provide training, guidance, and hands-on auditing, while also hosting engagement events such as Recycling Week and Sustainability Week across all sites. These initiatives raise awareness, inspire behaviour change, and empower staff to take ownership of local waste reduction efforts.

The Digital World

Sustainability and digital transformation are increasingly interconnected, as organisations leverage technology to drive environmentally responsible and efficient operations. Digital tools can help reduce carbon footprints, optimise resource use, and improve transparency in sustainability efforts.

Key Areas of Sustainable Digital Transformation

- **Smart Data & AI** – AI-powered analytics help track and reduce environmental impact by optimising energy use and supply chains.
- **Cloud Computing & Green IT** – Moving to energy-efficient cloud solutions reduces reliance on physical infrastructure and lowers emissions.
- **Circular Economy & Waste Reduction** – Digital platforms enable better recycling, reuse, and waste management, supporting sustainability goals.
- **Sustainable Supply Chains** – Blockchain and IoT improve traceability, ensuring ethical sourcing and reducing waste.
- **Remote Work & Digital Collaboration** – Reducing travel and office energy consumption through virtual meetings and cloud-based workflows.
- **Increase in virtual appointments for outpatients -** reducing the need for patients and doctors to travel to hospital. At Royal London, DrDoctor is reducing postage costs, reducing missed appointments, and enabling quicker results sharing with patients.
- **Digitising processes** - Electronic prescribing, digitising outpatient organiser forms, removing paper records from outpatients, and sending out records and

FOI requests digitally have rolled oud. In Whipps Cross medical records, paper usage has dropped by 80%.

- **Haptic Simulators in Dental Education** – Dentistry at Royal London is incorporating the use of haptic, reducing the number of plastic teeth, screws and tools required during training. The technology simulates a virtual 3D environment and replicates sensations such as drilling teeth, cutting cavities, and crown preparations. It is estimated to save 12tCO_2e per year.

Digital transformation is revolutionising how services are delivered, improving resource and cost efficiency, and reducing our carbon emissions.

Clinical Transformation and Medicines

The clinical transformation green group focus over the next 3 years is to integrate environmentally responsible practices into healthcare while maintaining high-quality patient care. This approach helps reduce the carbon footprint from medical treatments and improves long-term health system resilience.

Sustainable Clinical Transformation

- **Replace outstanding piped manifold Nitrous Oxide systems** still in service at the Royal London Hospital and Newham Hospital with more efficient mobile gas cylinders. This will reduce gas leaks and other losses associated with gas piped manifolds. Entonox will be the next gas to be switched off as we move to mobile gas cylinders.
- **Low-Carbon Medicines** – Transitioning to eco-friendly pharmaceuticals, such as powder inhalers instead of gas-propelled inhalers.
- **Optimised Prescribing** – Reducing unnecessary prescriptions and promoting medicines optimisation to minimise waste. One action is switching from intravenous (IV) paracetamol to oral paracetamol.
- **Expand reusable theatre gowns** – and associated textiles like hats and drapes across all sites, replacing single use surgical gowns used in main theatres, eye theatres, obstetric theatres, and interventional radiology.
- **Sustainable Supply Chains** – Ensuring medicines are sourced and manufactured with lower environmental impact.

- **Digital Health Solutions** – Using telemedicine and AI-driven diagnostics to reduce travel and resource consumption. Innovative temperature-controlled ventilation system will allow dynamic control over airflow rates, reducing utility costs and carbon emissions.
- **Innovative technology –** Pilot new equipment designed to capture volatile anaesthetic gas used in theatres, reducing the impact on the ozone layer and climate change.
- **Collaboration –** Queen Mary's University Hospital of London is running a project, Low-Carbon Medical Waste Solutions, which introduces a microwave process to handle specific aspects of clinical waste within dentistry. Equipment is cleaned and resupplied back into the hospital, making it cheaper and better for the environment.
- **Improve the design of new and refurbished theatres** to be more efficient with better ventilation systems, lighting controls, and layout.
- **Inspiring the next generation of clinicians.** Clinicians educating clinicians on sustainability so they will inspire those who they work with in their profession.

Teaching others how we can improve health care sustainably.

People and Partnerships

The successful delivery of this Green Plan—and the improvements in health and wellbeing, environmental performance, and social value it aims to achieve—will depend on active support and involvement from our workforce, as well as meaningful engagement with patients, visitors, and the wider community.

There is a growing awareness and enthusiasm across the Trust for practical, tangible actions to reduce our environmental impact.

Do you want to help make the Trust greener?

- Explore our Sustainability Approach on *WeShare* for insight into ongoing projects and priorities.
- Join the Greener Barts Health WhatsApp Group to connect with colleagues, share ideas, and support one another in creating sustainable change across our sites. It is a welcoming space for dialogue, innovation, and collaboration.

Please refer to Appendix 2 for details on how to join the group.

- Barts Health started the NHS Sustainability Day campaign, now embedded as an annual important initiative across the NHS.
- Staff induction introduces sustainability as an important Trust focus demonstrating the role the workforce can play.
- We will provide support to staff on how to minimise waste at work and home through relevant Corporate Communications Channels.
- Clinical specialists and others support the push for greater sustainability, including through initiatives such as the Greener Anaesthesia and Sustainability Project (GASP) and local green networks.

Over the last 12 months, the Sustainability Team have engaged with thousands of staff members across the Trust in events including Recycling Week, Estates and Facilities Management Day, Bike Week and Health and Safety Day. This engagement refreshes awareness and training on how to segregate waste properly and ensure staff are equipped with the tools to do their bit for the planet.

Collaboration with strategic partners also supports delivery of sustainable objectives. Barts Health NHS Trust will continue to work with partners including:

- NEL Integrated Care Board
- Local Authorities under Barts Health catchment (Tower Hamlets, Waltham Forest, Newham)

- Transport for London
- other NHS Trusts,
- Universities, including University College London and Queen Mary University London,
- NHS London Procurement Partnership,
- Health Watch,
- Patient Representative Groups,
- Local Schools and Businesses,
- Contractors and Suppliers,
- Supply Chain Coordination Limited as manager of NHS Supply Chain and others.

As an anchor institution, the Trust plays a pivotal role in demonstrating and promoting sustainable development across the NHS. Our successes will be shared proactively, and we will contribute meaningfully to partner strategies, helping to advance the national carbon reduction ambition.

Conclusion

A Greener Future for Healthcare in East London

The *Barts Health Green Plan 2025–2028* sets out a bold and achievable roadmap for delivering sustainable, resilient, and equitable healthcare. It builds on the significant progress made over the past three years and aligns with national and global ambitions to tackle climate change, reduce health inequalities, and improve population wellbeing.

Through this plan, the Trust commits to:

- Achieving Net Zero carbon emissions for directly controlled sources by 2040, and for influenced sources by 2045
- Embedding sustainability into clinical care, estates, procurement, digital transformation, and staff engagement
- Strengthening partnerships across the Northeast London Integrated Care System, local authorities, suppliers, and community organisations
- Delivering measurable improvements in waste reduction, energy efficiency, low-carbon travel, and social value

Success will depend on the active involvement of our workforce, the support of our leadership, and the engagement of our patients and partners. Sustainability is not a standalone goal—it is a shared responsibility and a core part of how we deliver care.

As an anchor institution in East London, Barts Health is proud to lead by example. We will continue to innovate, collaborate, and inspire change—ensuring that our healthcare system is not only fit for today, but prepared for the future.

Together, we can build a greener, healthier, and more just society.

Appendices

Appendix 1 Green Plan 3-year actions for all hospital sites

Royal London Hospital

Energy and Water

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Purchase Trustwide 100% renewable electricity	Year 2	Renewable green energy supplied to site	National Grid has set a goal to achieve net-zero carbon emissions by 2050	They plan to reduce Scope 1 and 2 emissions (direct emissions from operations and purchased energy) by 34% by 2026 and 50% by 2030, all from a 2018 baseline.
Upgrade lighting to LEDs. Target is 100% of retained estate covered by LED lighting	Year 3	less energy demand required from LED lighting, Improves light quality, reduces maintenance and cost	Reduces the demand for electricity	Currently 60% LEDs fitted, Once100% LEDs lighting is installed the carbon dioxide (CO_2) saving would be 1022 tCO_2e
Explore theatre ventilation switch-off during out of hours use.	Year 2	Reduces the demand for electricity. Expected cost saving of £30,000 per theatre per year.	Reduces the demand for electricity	Potential savings of 30tCO_2e per theatre
Identifying capital funding and third-party funding opportunities, focusing on sustainable projects with short payback periods.	Year 2	Internal financial planning to achieve net zero target. Less budgetary impact through third party funding streams.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved
Collaborating with the District Network Operator (DNO) to assess local electrical infrastructure capacity, evaluate the feasibility and costs associated with increasing supply capacity.	Year 2	Site resilience. Meeting future energy demand and support our Net Zero target.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved

Adaption plans

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Review the number of overheating occurrences triggering a risk assessment (in line with the trust's 'heatwave' plan)	Year 1	Assess modification requirements to build site resilience against climate change	Overheating impact reduced	NA
Review the number of flood occurrences triggering a risk assessment	Year 1	Assess modification requirements to build site resilience against climate change	Flooding impact reduced	NA

Clinical Transformation and Medicines

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Replace piped manifold nitrous oxide (N_20) systems within RLH operating theatres and care areas with mobile gas cylinders	Year 2	Reduction in wasted gas from leakages. Mobile cylinders are more efficient way of delivering gas to patient	Reduction in greenhouse gases (GHG) into the atmosphere	Studies show RLH operating theatres with mobile gas cylinders can reduce nitrous oxide (N_2O) usage by 90%
Asthma inhaler optimisation for all patients, by improving the clinical care of asthma patients across Barts Health	Year 1	Reduction in the number of inhalers dispensing. Increasing use of combined inhalers, and training staff that have clinical contact with asthma patient to spot incorrect use and coach patients in improved techniques	Reduction in carbon footprint of inhalers prescribed by the Trust, Trial with new asthmatics on dry powder inhalers (DPIs) which has a lower carbon footprint, ensuring inhalers prescribed is used correctly to better manage a patient's asthma	Measuring and monitoring the impacts of changes Number of staff trained in correct inhaler technique
Dispensing oral paracetamol instead of IV paracetamol were appropriate	Year 2	Efficient use of drug	Less waste of drug through IV equipment	Carbon savings evaluated from the reduction of IVs used
Explore remanufacturing harmonic scalpels	Year 2	Fewer single use scalpels disposed of. Increased buying of remanufactured product	Reduces disposal of scalpels and increases recycling and reuse	Fifty percent emissions reduction if long term aim achieved
Using Mapleson circuits for longer, used in anaesthesia and critical care for delivering oxygen and anaesthetic agents, and for removing carbon dioxide	Year 2	Reduced single use waste	Reducing usage of single use items and increasing longevity from one use to several days' worth	Reduces waste disposal and manufacturing emissions
Maintain and spread use of Webpost and DrDoctor software	Year 2	Patients will receive appointment information digitally, if not accessed within a set timescale a paper letter will be sent.	Reduction on paper and printing	Measured by the number of DNAs, and the reduction of letters sent.

across Outpatient (OP) clinics		Works via NHS app, notifications via email or text. Leading to a reduction in DNAs, better patient experience		
Incorporating the use of haptic simulators in dental education and engaging students in sustainable practice	Year 2	Based on these bare minimum estimates on current usage, it is estimated that the haptic simulators will be cost neutral in 21 years	Reduced number of plastic teeth, screws and tools required	13,415.058 kg CO_2e for plastic teeth drilled over 1 year - 571.792 kg CO_2e Energy used for haptics = 12,834.266 kg CO_2e savings over a 1-year period

Digital Transformation

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Roll out of IT equipment and training to support remote consultations in dentistry	Year 1	studies show £175,648.91 can be saved through staff time and consumables used	Reduced carbon, reduced transport emissions, reduction in consumables. The total travel miles saved from remote consultations over a two-year period could be up to 81,625.45 miles.	The total carbon savings per year is 10.806 tCO_2e. For special care dentistry, 1.753 tCO_2e saved for special care from remote consultations per year. For other specialties, 9.053 tCO_2e saved for all other specialties from remote consultations per year
Digitalise paper intense record storage. Reducing paper	Year 1	Less storage space required	Reduce archive storage requirements and paper demand	Number of trees saved
Improvement in technology and apps for patient virtual care	Year 2	Reduce unnecessary face to face outpatients' attendance.	Reduction in trips to hospital. Less resources used per patient with improved efficiency in care	Reduce outpatients' attendance. At least 25% of outpatients care plan to be delivered remotely

Food nutrition

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Patient food nutrition improvements	Year 2	Locally sourced food, plant base options made available for patient meals	Reducing the need to farm animals for food	1,002kgCO_2 saved in 2024 from food waste recycling

Procurement & Supply chain

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Replace single use gowns with reusable gowns	Year 1	Less single use surgical gowns used, less waste collected	Reduced disposal cost	Evaluated by the number of reusable gowns used in hospitals
Support digitalisation of records	Year1	Reduce storage demand for paper records	Going Digital means trees are saved and less paper used	Details and data to be part of suppliers' carbon reduction plan
Expand inclusion of social values, carbon reduction plan as a requirement in all	Year 1	Reduction in CO_2 emissions from suppliers for services and products to the Trust	Supports Trust goals to achieve net zero by 2045 from suppliers. Inclusion of a minimum 10%	Measured on the social value portal and Carbon reduction plans submitted

relevant supplier contracts			social value weighting in in new contractors, including defined KPIs to benefit community wellbeing	
Smart Data & AI	Year2	AI-powered analytics help track and reduce environmental impact by optimising energy use and supply chains.	Analyses scope 3 of our carbon emissions from products and services and provides options to purchase lower carbon intensive alternatives.	Each product will have its own carbon footprint

Transport and Air Quality

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Refresh Travel Plans	Year 1	Climate Change Pollution	Provides strategic plan to reduce our emissions and combat poor AQ.	NA
Travel Surveys	Year 1 & 3	Refreshed data into site journeys	Provides data to strategically plan to reduce our emissions and combat poor AQ	NA
From December 2026 onwards, only zero-emission vehicles will be offered through staff vehicle salary sacrifice schemes for new lease agreements	Year 1	New leased vehicles produce zero emissions from tailpipe	Cleaner air as petrol and diesel vehicles are phased out	The increase in the number of Electric or hybrid cars leased is registered as CO_2 saved
From December 2027 onwards, the Trust will only purchase or enter new lease arrangements for zero-emission vehicles, except for ambulances.	Year 2	Reduction in scope 1 emissions. Reduced local Air Pollutions	CO_2, NO_x, PM2.5 and PM10 reductions through mode shift	The increase in the number of Electric or hybrid fleet cars leased is registered as CO_2 saved
Increase and improve our cycle facilities for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	Encourage staff and patient to travel by bike	Measuring and monitoring the impacts of Change
Increase the number of EV charging points for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NO_x, PM2.5 and PM10 reductions through mode shift	EV charging dashboard (tCO_2e saved)
Monitor AQ Sensor data monthly and warn stakeholders of high incidences and target improvements	Year 1	Informed data on AQ locally	Monitoring CO_2, NO_x, PM2.5 and PM10 reductions through mode shift	NA

Waste

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Reducing waste	Year 1	identify 20 single use items that can be recycled or replace with a reusable product.	Replace single use items with reusables	CO_2 saving would differ for each item
Increase recycling waste to 60%	Year 1	Engage with staff to recycle more, introduce more recycling bins, Steering unwanted items to a recycling stream	Diverting waste from landfill and waste to energy	Carbon saving reported monthly from our waste providers
Reusing waste	Year 1	Reduced bulk waste, disposal cost saving	Diverting reusable unwanted items from landfill and waste to energy	Carbon saving reported monthly from our waste providers

Mile End Hospital

Adaption plans

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Review the number of overheating occurrences triggering a risk assessment (in line with the trust's 'heatwave' plan)	Year 1	Assess modification requirements to build site resilience against climate change	Overheating impact reduced	NA
Review the number of flood occurrences triggering a risk assessment	Year 1	Assess modification requirements to build site resilience against climate change	Flooding impact reduced	NA

Clinical Transformation and Medicines

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Replace piped manifold Nitrous Oxide (N_20) systems within MEH operating theatres and care areas with mobile gas cylinders	Year 2	Reduction in wasted gas from leakages. Mobile cylinders are more efficient way of delivering gas to patient	Reduction in greenhouse gases (GHG) into the atmosphere	Studies show MEH operating theatres with mobile gas cylinders can reduce nitrous oxide (N_2O) usage by 90%
Asthma inhaler optimisation for all patients, by improving the clinical care of asthma patients across the Barts Health.	Year 1	Reduction in the number of inhalers dispensing. Increasing use of combined inhalers, and training staff that have clinical contact with asthma patient to spot incorrect use and coach patients in improved techniques	Reduction in carbon footprint of inhalers prescribed by the Trust, by starting new asthmatics on dry powder inhalers (DPIs) with a low carbon footprint alternative ensuring inhalers prescribed is used correctly to better manage a patient's asthma	Measuring and monitoring the impacts of changes Number of staff trained in correct inhaler technique
Maintain and spread use of Webpost and	Year 2	Patients will receive appointment information digitally, if not accessed	Reduction on paper and printing	Measured by the number of DNAs, and

DrDoctor software across OP clinics		within a set timescale a paper letter will be sent. Works via NHS app, notifications via email or text. Leading to a reduction in DNAs, better patient experience		the reduction of letters sent.

Digital Transformation

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Digitalise paper intense records. Reducing paper	Year 1	Less storage space required	Reduce archive storage requirements and paper demand	Number of trees saved
Improvement in technology and apps for patient virtual care	Year 2	Reduce unnecessary face to face outpatients' attendance.	Reduction in trips to hospital. Less resources used per patient with improved efficiency in care	Reduce outpatients' attendance. At least 25% of outpatients care plan to be delivered remotely

Estates, Energy and Water

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Purchase Trustwide 100% renewable electricity	Year 2	Renewable green energy supplied to site	National Grid has set a goal to achieve net-zero carbon emissions by 2050	They plan to reduce Scope 1 and 2 emissions (direct emissions from operations and purchased energy) by 34% by 2026 and 50% by 2030, all from a 2018 baseline.
Review solar energy options funded by NEEF	Year 2	Reduces the use of energy generated from fossil fuel	Reduces energy demand from the grid	Annual savings of up to 17 tCO_2e
Identifying capital funding and third-party funding opportunities, focusing on sustainable projects with short payback periods.	Year 3	Internal financial planning to achieve net zero target by 2040. Less financial impact through third party funding streams.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved
Collaborating with the District Network Operator (DNO) to assess local electrical infrastructure capacity, evaluate the feasibility and costs associated with increasing supply capacity.	Year 2	Site resilience. Meeting future demand. Support net zero target.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved
Submetering monitoring and measures Project	Year 1	Monitoring and measuring of impact of energy reduction projects		NA
Add water automatic meter readers (AMR) plus leak detection warning system	Year 3	Less water wastage through leak detection	Improves water efficiency use in care	Water saved measured through the AMR data

Food nutrition

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Patient food nutrition improvements	Year 2	Locally sourced food, plant base options made available for patient meals	Reducing the need to farm animals for food	299 kgCO_2 saved from food waste recycling

Procurement & Supply chain

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Support digitalisation of records	Year1	Reduce storage demand for paper records	Going Digital means trees are saved and less paper used	Details and data to be part of suppliers' carbon reduction plan
Expand inclusion of social values, carbon reduction plan as a requirement in all relevant supplier contracts	Year 1	Reduction in CO_2 emissions from suppliers for services and products to the Trust	Supports Trust goals to achieve net zero by 2045 from suppliers. Inclusion of a minimum 10% social value weighting in in new contractors, including defined KPIs to benefit community wellbeing	Measured on the social value portal and CO_2 reduction plans submitted
Smart Data & AI	Year2	AI-powered analytics help track and reduce environmental impact by optimising energy use and supply chains.	Analyses scope 3 of our carbon emissions from products and services and provides options to purchase lower carbon intensive alternatives.	Each product will have its own carbon footprint

Transport & AQ

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Refresh Travel Plans	Year 1	Climate Change Pollution	Provides strategic plan to reduce our emissions and combat poor AQ.	NA
Travel Surveys	Year 1 & 3	Refreshed data into site journeys	Provides data to strategically plan to reduce our emissions and combat poor AQ	NA
From December 2026 onwards, only zero-emission vehicles will be offered through staff vehicle salary sacrifice schemes for new lease agreements	Year 1	New leased vehicles produce zero emissions from tailpipe	Cleaner air as petrol and diesel vehicles are phased out	The increase in the number of Electric or hybrid cars leased is registered as CO_2 saved
From December 2027 onwards, the Trust will only purchase or enter new lease arrangements for zero-emission vehicles, except for ambulances.	Year 2	Reduction in scope 1 emissions. Reduced local Air Pollutions	CO_2, NO_X, PM2.5 and PM10 reductions through mode shift	The increase in the number of Electric or hybrid fleet cars leased is registered as CO_2 saved

Increase and improve our cycle facilities for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	Encourage staff and patient to travel by bike	Measuring and monitoring the impacts of Change
Increase the number of EV charging points for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NO_x, PM2.5 and PM10 reductions through mode shift	EV charging dashboard (tCO_2e saved)
Monitor AQ Sensor data monthly and warn stakeholders of high incidences and target improvements	Year 1	Informed data on AQ locally	Monitoring CO_2, NO_x and PM2.5 and PM10 reductions through mode shift	NA

Waste

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Reducing waste	Year 1	identify 20 single use items that can be recycled or replace with a reusable product.	Replace single use items with reusables	CO_2 saving would differ for each item
Increase recycling waste to 50%	Year 1	Engage with staff to recycle more, introduce more recycling bins by 20%, reduced waste disposal cost.	Diverting waste from landfill and waste to energy	Carbon savings
Reusing waste	Year 1	Reduced bulk waste, disposal cost saving	Diverting reusable unwanted items from landfill and waste to energy	1,396kgCO_2 saved in 2024, aim is to double the amount of waste sent to GlobeChain

Newham University Hospital

Adaption plans

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Review the number of overheating occurrences triggering a risk assessment (in line with the trust's 'heatwave' plan)	Year 1	Assess modification requirements to build site resilience against climate change	Overheating impact reduced	NA
Review the number of flood occurrences triggering a risk assessment	Year 1	Assess modification requirements to build site resilience against climate change	Flooding impact reduced	NA

Clinical Transformation and Medicines

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Replace piped manifold Nitrous Oxide (N_20) systems within NUH Operating Theatres and care areas with mobile gas cylinders	Year 2	Reduction in wasted gas from leakages. Mobile cylinders are more efficient way of delivering gas to patient	Reduction in greenhouse gases (GHG) into the atmosphere	Studies show NUH operating theatres with mobile gas cylinders can reduce nitrous oxide (N_2O) usage by 90%

Asthma inhaler optimisation for all patients, by improving the clinical care of asthma patients across the Barts Health.	Year 1	Reduction in the number of inhalers dispensing. Increasing use of combined inhalers, and training staff that have clinical contact with asthma patient to spot incorrect use and coach patients in improved techniques	Reduction in carbon footprint of inhalers prescribed by the Trust, by starting new asthmatics on dry powder inhalers (DPIs) with a low carbon footprint alternative ensuring inhalers prescribed is used correctly to better manage a patient's asthma	Measuring and monitoring the impacts of changes Number of staff trained in correct inhaler technique
Reducing single us plastic in ICU	Year 2	Less plastic waste	Reduced amount of plastic waste being disposed via clinical waste stream, and increase amount recycled	Reduced CO_2 emissions
Reusable Gowns Rollout	Year 1	Replacing single use gowns with reusables gowns reduces waste	Reduces micro plastic entering the eco system	Reduction in the number of gowns purchased
Maintain and spread use of Webpost and DrDoctor software across OP clinics	Year 2	Patients will receive appointment information digitally, if not accessed within a set timescale a paper letter will be sent. Works via NHS app, notifications via email or text. Leading to a reduction in DNAs, better patient experience	Reduction on paper and printing	Measured by the number of DNAs, and the reduction of letters sent.

Digital Transformation

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Improvement in technology and apps for patient virtual care	Year 2	Reduce unnecessary face to face outpatients' attendance.	Reduction in trips to hospital. Less resources used per patient with improved efficiency in care	Reduce outpatients' attendance. At least 25% of outpatients care plan to be delivered remotely
External data storage services (Paper records archived). Can records to be digitalised	Year1	Reduce storage demand for medical records	Going Digital means more trees are saved and less paper used	Details and data to be part of their carbon reduction plan
Digitalise paper intense records storage. Reducing paper	Year 1	Less storage space required	Reduce archive storage requirements and paper demand	Number of trees saved

Estates, Energy and Water

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Purchase Trustwide 100% renewable electricity	Year 2	Renewable green energy supplied to site	National Grid has set a goal to achieve net-zero carbon emissions by 2050	They plan to reduce Scope 1 and 2 emissions (direct emissions from operations and purchased energy) by 34% by 2026 and 50% by 2030, all from a 2018 baseline.

Upgrade lighting to LEDs. Target is 100% of estate covered by LED lighting	Year 3	less energy demand required from LED lighting, Improves light quality, reduces maintenance and cost	Reduces the demand for electricity	Currently 70% LEDs fitted.
Replace gas boilers with ground source heat pumps as part of the Heat decarbonisation Plan (HDP) fund	Year 2	Reduced maintenance. Reductions of CO_2, dependence on gas for heating	Low carbon heat	Review the heat decarbonization plan for full CO_2 saving
Solar energy options to be reviewed as part of the HDP	Year 2	Reduces the use of fossil fuel	Reduces energy demand from the grid	Annual savings of 17tCO_2e
Collaborating with the District Network Operator (DNO) to assess local electrical infrastructure capacity, evaluate the feasibility and costs associated with increasing supply capacity.	Year 2	Site resilience. Meeting future energy demand and support our Net Zero target.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved
Introduce new mechanised methods of cleaning hospitals that will include electronic cleaning equipment that is more efficient and uses significantly less water and chemicals.	Year 3	Financial savings on chemicals. Consuming less water	Less Chemical runoff and disposal. Consuming less water	Difficult to estimate at this stage
Add water supply automatic meter monitoring (AMR) plus leak detection warning system to be set up	Year 3	Financial savings with less water wastage. Better insights to our water consumption	Less water wastage through leak detection	CO_2e will drop as water demand reduces

Food nutrition

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Patient food nutrition improvements	Year 2	Locally sourced food, plant base options made available for patient meals	Reducing the need to farm animals for food	1502CO_2kg saved from food waste recycling

Procurement & Supply chain

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Support digitalisation of records	Year1	Reduce storage demand for paper records	Going Digital means trees are saved and less paper used	Details and data to be part of suppliers' carbon reduction plan
Inclusion of Social Values and Carbon Reduction Plan and Net Zero Commitment requirements in all	Year 1	Reduction in CO_2 emissions from suppliers for services and products to the Trust	Supports Trust goals to achieve net zero by 2045 from suppliers. Inclusion of a minimum 10% social value	Measured on the social value portal and CO_2 reduction plans submitted

relevant procurements			weighting in in new contractors, including defined KPIs to benefit community wellbeing	
Smart Data & AI	Year 2	AI-powered analytics help track and reduce environmental impacts by baselining emissions from products and optimising alternatives with lower carbon emissions from supply chains.	Analysis scope 3 of our carbon emissions from products and services and provides options to purchase lower carbon intensive alternatives.	Each product will have its own carbon footprint

Transport & Air Quality

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Refresh Travel Plans	Year 1	Climate Change Pollution	Provides strategic plan to reduce our emissions and combat poor AQ.	NA
Travel Surveys	Year 1 & 3	Refreshed data into site journeys	Provides data to strategically plan to reduce our emissions and combat poor AQ	NA
From December 2026 onwards, only zero-emission vehicles will be offered through staff vehicle salary sacrifice schemes for new lease agreements	Year 1	New leased vehicles produce zero emissions from tailpipe	Cleaner air as petrol and diesel vehicles are phased out	The increase in the number of Electric or hybrid cars leased is registered as CO_2 saved
From December 2027 onwards, the Trust will only purchase or enter new lease arrangements for zero-emission vehicles, except for ambulances.	Year 2	Reduction in scope 1 emissions. Reduced local Air Pollutions	CO_2, NO_x and PM2.5 and PM10 reductions through mode shift	The increase in the number of Electric or hybrid fleet cars leased is registered as CO_2 saved
Increase and improve our cycle facilities for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	Encourage staff and patient to travel by bike	Measuring and monitoring the impacts of Change
Increase the number of EV charging points for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NOX, PM 2.5 PM10 reductions through mode shift	EV charging dashboard (CO_2e saved)
Monitor AQ Sensor data monthly and warn stakeholders of high incidences and target improvements	Year 1	Informed data on AQ locally	Monitoring CO_2, NO_x and PM2.5 and PM10 reductions through mode shift	NA

Waste

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Reducing waste	Year 1	identify 20 single use items that can be recycled or replace with a reusable product.	Replace single use items with reusables	CO_2 saving would differ for each item
Increase recycling waste to 60%	Year 1	Engage with staff to recycle more, introduce more recycling bins, Steering unwanted items to a reuse and recycling stream	Diverting waste from landfill and waste to energy	Carbon saving reported monthly from our waste providers
Reusing waste	Year 1	Estimated £15,922 saved by reusing items and saving from disposal via bulk waste	Diverting reusable unwanted items from landfill and waste to energy	7.753 tCO_2e saved 2024 with an aim to increase reuse of furniture and equipment by 50%

Whipps Cross Hospital

Adaption plans

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Review the number of overheating occurrences triggering a risk assessment (in line with the trust's 'heatwave' plan)	Year 1	Modifications to build site resilience	Overheating impact reduced	NA
Review the number of flood occurrences triggering a risk assessment	Year 1	Modifications to build site resilience	Flooding impact reduced	NA

Clinical Transformation and Medicines

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Asthma inhaler optimisation for all patients, by improving the clinical care of asthma patients across the Barts Health.	Year 1	Reduction in the number of inhalers dispensing. Increasing use of combined inhalers, and training staff that have clinical contact with asthma patient to spot incorrect use and coach patients in improved techniques	Reduction in carbon footprint of inhalers prescribed by the Trust, by starting new asthmatics on dry powder inhalers (DPIs) with a low carbon footprint alternative ensuring inhalers prescribed is used correctly to better manage a patient's asthma	Measuring and monitoring the impacts of changes Number of staff trained in correct inhaler technique
Reusable Gowns Rollout	Year 1	Replacing single use surgical gowns with reusables gowns reduces waste	Reduces micro plastic entering the eco system	Reduction in the number of gowns purchased
Maintain and spread use of Webpost and DrDoctor software across OP clinics	Year 2	Patients will receive appointment information digitally, if not accessed within a set timescale a paper letter will be sent. Works via NHS app, notifications via email or text. Leading to a reduction	Reduction on paper and printing	Measured by the number of DNAs, and the reduction of letters sent.

		in DNAs, better patient experience		

Digital Transformation

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Improvement in technology and apps for patient virtual care	Year 2	Reduce unnecessary face to face outpatients' attendance.	Reduction in trips to hospital. Less resources used per patient with improved efficiency in care	Reduce outpatients' attendance. At least 25% of outpatients care plan to be delivered remotely
Reduce reliance on storing paper medical records at Whipps Cross Hospital (WXH) and off-site facilities managed by Iron Mountain. Support the transition to a paperless clinical environment.	Year 1	Less storage space required, no wastepaper generated,	No wastepaper generated	Number of trees saved

Estates, Energy and Water

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Purchase Trustwide 100% renewable electricity	Year 2	Renewable energy supplied to site	National Grid has set a goal to achieve net-zero carbon emissions by 2050	They plan to reduce Scope 1 and 2 emissions (direct emissions from operations and purchased energy) by 34% by 2026 and 50% by 2030, all from a 2018 baseline.
Upgrade lighting to LEDs. Target is 100% of retained estate covered by LED lighting	Year 3	less energy demand required from LED lighting, Improves light quality, reduces maintenance and cost	Reduces the demand for electricity	Currently 70% LEDs fitted.
Identifying capital funding and third-party funding opportunities, focusing on sustainable projects with short payback periods.	Year 3	Internal financial planning to achieve net zero target by 2040. Less financial impact through third party funding streams.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved
Explore theatre ventilation switch-off during out of hours use.	Year 2	Reduces the demand for electricity. Expected cost saving of £30,000 per theatre per year.	Reduces the demand for electricity	Potential savings of 30tCO_2e per theatre
Review solar energy options funded by NEEF	Year 2	Reduces the use of energy generated from fossil fuel	Reduces energy demand from the grid	Annual carbon emission saved, to be assessed based on solar energy kWh output

Food nutrition

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Patient food nutrition improvements	Year 2	Locally sourced food, plant base options made available for patient meals	Reducing the need to farm animals for food	1842 kgCO_2 saved from food waste recycling

Procurement & Supply chain

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Smart Data & AI	Year 2	AI-powered analytics help track and reduce environmental impacts by baselining emissions from products and optimising alternatives with lower carbon emissions from supply chains.	Analysis scope 3 of our carbon emissions from products and services and provides options to purchase lower carbon intensive alternatives.	Each product will have its own carbon footprint
External data storage services (Paper records archived). Can records be digitalised	Year1	Reduce storage demand for medical records	Going Digital means more trees are saved and less paper used	Details and data to be part of their carbon reduction plan
Inclusion of Social Values and Carbon Reduction Plan and Net Zero Commitment requirements in all relevant procurements	Year 1	Reduction in CO_2 emissions from suppliers for services and products to the Trust	Supports Trust goals to achieve net zero by 2045 from suppliers. Inclusion of a minimum 10% social value weighting in in new contractors, including defined KPIs to benefit community wellbeing	Measured on the social value portal and CO_2 reduction plans submitted

Transport & Air Quality

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Refresh Travel Plans	Year 1	Reduction in air pollution	Provides strategic plan to reduce our emissions and combat poor AQ.	NA
Travel Surveys	Year 1&3	Refreshed data into site journeys	Provides data to strategically plan to reduce our emissions and combat poor AQ	NA
From December 2026 onwards, only zero-emission vehicles will be offered through staff vehicle salary sacrifice schemes for new lease agreements	Year 1	New leased vehicles produce zero emissions from tailpipe	Cleaner air as petrol and diesel vehicles are phased out	The increase in the number of Electric or hybrid cars leased is registered as CO_2 saved
From December 2027 onwards, the Trust will only purchase or enter new lease arrangements for zero-emission	Year 2	Reduction in scope 1 emissions. Reduced local Air Pollutions	CO_2, NO_x, PM2.5 and PM10 reductions through mode shift	The increase in the number of Electric or hybrid fleet cars leased is registered as CO_2 saved

vehicles, except for ambulances.				
Increase and improve our cycle facilities for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NO_X, PM2.5 and PM10 reductions through mode shift	Measuring and monitoring the impacts of Change
Increase the number of EV charging points for both patients and staff in new car park	Year 2	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NO_X, PM2.5 and PM10 reductions through mode shift	EV charging dashboard (CO_2e saved)
Monitor AQ Sensor data monthly and warn stakeholders of high incidence and target improvements	Year 1	Informed data on AQ locally	Monitoring CO_2, NO_X and PM2.5 and PM10 reductions through mode shift	NA
Review: Travel and transport policy - the Trust operate a sustainable travel-related schemes for staff (e.g., Shared journey to work in one car)	Year 3	Reduction in car emissions	Fewer cars on the road	Average savings 40k

Waste

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Reducing waste	Year 1	identify 20 single use items that can be recycled or replace with a reusable product.	Replace single use items with reusables	CO_2 saving would differ for each item
Increase recycling waste to 50%	Year 1	Engage with staff to recycle more, increase the number of recycling bins by 20%, reduce waste disposal cost.	Diverting waste from landfill and waste to energy	Carbon savings
Reusing waste	Year 1	Estimated £51,911 saved by reusing items and saving from disposal via bulk waste	Diverting reusable unwanted items from landfill and waste to energy	1,903kg of CO_2 saved in 2024, with an aim to increase reuse of furniture and equipment by 50%

St Bartholomew's Hospital

Adaption plans

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Increase shading on building fabric within listed building consent. Cooling areas, Medicine cooling protection	Year 1	Improve site resilience to heat, reduce energy used for cooling	Overheating impact reduced, reduction in energy demand	Measuring and monitoring the impacts of changes
Review the number of flood occurrences triggering a risk assessment	Year 1	Modifications resilience plan, to build site flood resilience	Flooding impact reduced	NA

Clinical Transformation and Medicines

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Asthma inhaler optimisation for all patients, by improving the clinical care of asthma patients across the Barts Health.	Year 1	Reduction in inhaler dispensing. Through first presentations in ED starting on DPIs, increasing use of combined inhalers, and training staff that have clinical contact with asthma patient to spot incorrect use and coach patients in improved techniques	Reduction in carbon footprint of inhalers prescribed by the Trust, by starting new asthmatics on dry powder inhalers (DPIs) with a low carbon footprint alternative ensuring inhalers prescribed is used correctly to better manage a patient's asthma	Measuring and monitoring the impacts of changes Number of staff trained in correct inhaler technique
Expand learning and successes from asthma inhaler work to COPD patient's inhaler use	Year 2	Reduction in inhaler dispensing	Reduction in carbon footprint of inhalers prescribed by the Trust	Measuring and monitoring the impacts of changes Number of staff trained in correct inhaler technique
Switch off specialist Theatre ventilation when not in use e.g., overnight and weekends	Year 2	Reduced energy consumption	Reduction in GHG	Average cost saving of 57 tonnes per theatre per year in turbulent theatres 61 tonnes per theatre per year in laminar theatres
Implement reusable Perfusion Waste containers and ensure the lowest, most appropriate waste stream is used for perfusion waste items	Year 2	Improved workplace safety by addressing manual handling risks associated with heavy bin disposal.	Conserve natural resources, increase recycling and reduce the need to incinerate all perfusion waste and single use bins	Switching waste stream - 28, 125kg CO_2e/year Moving to reusable bins - 16, 875kg CO_2e/year
Rollout reusable sterile gowns across site (Theatres, Cath Labs, ICU & Fertility)	Year 2	Reduction in single use sterile gowns usage and associated waste	Reduction in the number of single use sterile gowns purchased reduction in clinical waste of gowns and waste packaging	Measuring and monitoring the impacts of changes
Implement the Intensive Care Green Recipe Book across ICU	Year 2	Reduction in resource use, and assurance that area is in line with current best practice	Reduction in resource use	Measuring and monitoring the impacts of changes
Implement the Royal College of Radiotherapists Green Radiotherapy Framework across Radiotherapy	Year 1	Reduction in resource use, and assurance that area is in line with current best practice	Reduction in resource use	Measuring and monitoring the impacts of changes
Maintain and expand ELoPE cardiac prevention schemes working in three key themes primary, secondary and community	Year 1	Prevention education and support of patients to reduce future presentations, reducing demand on current services delivering all round care for patients	Reduction in resource use, healthier move active communities	Measuring and monitoring the impacts of changes
Maintain and spread use of Webpost and	Year 2	Patients will receive appointment information digitally, if not accessed within a set timescale a	Reduction on paper and printing	Measured by the number of DNAs, and the reduction of letters sent.

DrDoctor software across OP clinics		paper letter will be sent. Works via NHS app, notifications via email or text. Leading to a reduction in DNAs, better patient experience		

Digital Transformation

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Support the Trust's aim of digitalising medical records by sharing St Bart's learning from Outpatients going 100% paperless with other sites and work with site teams to move wards and other clinical areas paperless. This in will support records being digitalised.	Year1	Reduce new paper records being created in both IP and OP settings. Reduce storage demand for medical records	Going paperless means a reduction in paper and printing resources, as well as reducing impact of storage	Measuring and monitoring the impacts of changes
Build on achieving the target of 30% of St Barts Outpatient clinics being virtual, by increasing virtual clinics and ensuring clinic profiles reflect the changes.	Year 2	Enhance patient care, experience, and access. More efficiently utilise OP clinic space and meet the demand for new OP clinics by decreasing hybrid clinics, moving teams to majority f2f or virtual clinics. More accurate data collection	Lower carbon footprint from reduced travel and resource use	Measuring and monitoring the impacts of changes

Estates, Energy and Water

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Purchase Trustwide 100% renewable electricity	Year 2	Renewable green energy supplied to site	National Grid has set a goal to achieve net-zero carbon emissions by 2050	They plan to reduce Scope 1 and 2 emissions (direct emissions from operations and purchased energy) by 34% by 2026 and 50% by 2030, all from a 2018 baseline.
Upgrade lighting to LEDs. Target is 100% of retained estate covered by LED lighting	Year 3	less energy demand required from LED lighting, Improves light quality, reduces maintenance and cost	Reduces the demand for electricity	Currently 70% LEDs fitted.
Additional energy meters and submetering to be installed across the estate (retained and PFI)	Year 2	Increase granularity of energy reporting and invoicing to third parties	Reduced energy consumption	Measuring and monitoring the impacts of changes by updating the digital model
Explore Local Heat Networks as an option once that have converted to greener energy supplies in line with	Year 3	Reduced maintenance. Reductions of CO_2, dependent on energy mix	Low carbon heat	Difficult to estimate at this stage as heat networks currently fossil fuel dependent. To reach NZ, heat network must avoid

the Trust Net Zero target 2040				carbon-intensive energy sources.
Identifying capital funding and third-party funding opportunities, focusing on sustainable projects with short payback periods.	Year 3	Internal financial planning to achieve net zero target by 2040. Less financial impact through third party funding streams.	Monitoring and verification program (CO_2) saved	Monitoring and verification program (CO_2) saved

Food nutrition

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Patient food nutrition improvements	Year 2	Locally sourced food, plant base options made available for patient meals	Reducing the need to farm animals for food	Measuring and monitoring the impacts of Change

Procurement & Supply chain

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
External data storage services (Paper records archived). Can records be digitalised	Year1	Reduce storage demand for medical records	Going Digital means more trees are saved and less paper used	Details and data to be part of their carbon reduction plan
Inclusion of Social Values and Carbon Reduction Plan and Net Zero Commitment requirements in all relevant procurements	Year 1	Reduction in CO_2 emissions from suppliers for services and products to the Trust	Supports Trust goals to achieve net zero by 2045 from suppliers. Inclusion of a minimum 10% social value weighting in in new contractors, including defined KPIs to benefit community wellbeing	Measured on the social value portal and CO_2 reduction plans submitted
Smart Data & AI	Year 2	AI-powered analytics help track and reduce environmental impacts by baselining emissions from products and optimising alternatives with lower carbon emissions from supply chains.	Analysis scope 3 of our carbon emissions from products and services and provides options to purchase lower carbon intensive alternatives.	Each product will have its own carbon footprint

Transport & Air Quality

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Increase and improve our cycle facilities for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NO_X, PM2.5 and PM10 reductions through mode shift	Measuring and monitoring the impacts of changes
Increase the number of EV Charging for both patients and staff	Year 3	Reduction in scope 3 emissions. Reduced local Air Pollutions Scope 2 potential	CO_2, NO_X, PM2.5 and PM10 reductions through mode shift	Measuring and monitoring the impacts of changes
Monitor AQ Sensor data monthly and warn stakeholders of high incidences	Year 1	Informed data on AQ locally	NOX and PM 2.5 PM10	NA

and target improvements				
Clean Air Day Promotion event every year	Year 1	Education and engagement	AQ Pollution Awareness	NA

Waste

Actions	3-year target	Site impact	Environmental impact (Metric)	CO_2 emissions saved (Metric)
Reducing waste by identify 20 single use items that can be recycled or replace with a reusable product.	Year 1	More efficient and less impactful procurement	Replace single use items with reusables	CO_2 saving would differ for each item
Increase recycling waste to 60% by Education and engagement with staff to recycle more, introduce more recycling bins by 20%, reduced waste disposal cost.	Year 1	Ensuring staff use the lowest, appropriate, waste stream for disposable items. Compliance with Trust Waste Contract targets	Diverting waste from landfill and waste to energy	Carbon savings reported monthly in the waste report
Educate and engage with staff to reuse rather than dispose of waste items when possible either on site, within the Trust or via GlobeChain	Year 1	More efficient use of physical resources	Diverting reusable unwanted items from landfill and waste to energy	2024 - 5,101kg of CO_2 saved

Appendix 2

Green @ Barts Health QR code for new members

GREEN @ BARTS HEALTH

Join the team today

Scan here to sign up to the mailing list

Who are we?

Anyone who works at Barts Health can join- we currently have more than 170 member including nurses, doctors, OTs, physios, librarians, dieticians, strategy experts, managers. Everyone is welcome!

What do we do?

We work in lots of ways to try and make the work we're doing at Barts Health more sustainable, and therefore better for patients and the planet. This includes education, advocacy and supporting sustainable quality improvement projects.

Why get involved?

The climate crisis is the greatest threat to health in the 21st century. We need to make sure healthcare is not contributing to this problem, and the best way to do that is through collaboration.

Supporting Documents

Barts Health NHS Trust Active Travel Plan

St Bartholomew's Hospital Heat Decarbonisation Plan

The Royal London Hospital Heat Decarbonisation Plan

Mile End Hospital Heat Decarbonisation Plan

Whipps Cross Hospital Heat Decarbonisation Plan

Newham University Hospital Heat Decarbonisation Plan